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Editor's Page

REPORT TO OUR Beloved Contributors and to our Faithful Readers if such exist. This is the season of good resolutions.

Thanks to our excellent board and our skilled staff we think we can sincerely report a good year. After the first period of agonizing appraisal of the half-dozen manuscripts bequeathed to us, the flow of manuscripts has been steady and increasing and, better still, the quality higher. There are very few which are easy to reject. The question of focus and balance remains difficult. Ours is a professional journal so practice is the focus but practice itself is undergoing profound changes. Social work is in one of its critical, perhaps the most critical, phase of reorganization and assimilation of new materials. The practitioner, the teacher, the administrator are moving rather jerkily from the familiar ground of special field and technical outlook to other angles of vision which include more of the humanities and much of social science. Although the devoutedly wished consummation of a new profile cannot be yet clearly seen and we are all somewhat less than at home in outerspace, we believe the journal is coming to reflect some of our new insights and perspectives.

While making good resolutions, perhaps one should remind oneself of the small as well as large responsibilities of those who write for a professional readership, just as one has to remind even graduate students to write on one side of the theme paper and mind their references. It is still true that with the varied interests of our members and our Slenderella figure (96 pages currently), we cannot print long papers no matter how valuable and still leave room for other contributors. Fortunately, good papers like good sermons can almost always be shortened—if one takes the time and trouble to do so. The conference style paper—do we not generally prefer them briefed a bit? We need more elbow room and are asking, even pressing, for more pages. Some things we cannot print whether short or long—namely, the article in which the writer discovers for his "field" or for himself content and technique already long familiar in the literature. Even if Johnny doesn't read his journal, does he not read *Social Casework, NPPA Journal, The Child, Public Welfare, The Social Service Review,* Ortho and others?

We do not like to print the one-case, one-agency, one-situation article—nor articles too given over to process recording including the usual methodology of research. We do not like articles, no matter how arresting, with little or no documentation, nor, for that matter, articles whose overdocumentation passes for scholarship. Once in a while we gladly use an informal literary bit which lightens our scholastic mien, but it must be rather special. A motto might suggest itself: "If it's good enough for *Harper's,* it's good enough for us"! And how about more letters and Points and Viewpoints, or brickbats or orchids if you must—but reader participation let us have.

We have had a rough time over book reviews because (a) it is hard to lay one's hands on reviewers who have the know-how and the time; (b) it is hard to give enough space for a decent review and (c) most distressing, no one seems willing to make negative points about well-known people. Where are the scorns of yesteryear? Could only functional-diagnostic raise the temperature? Have we no differences of opinion nowadays? Even though one carefully eschews known friends of the author, does no one speak his mind? Description is not enough, table of contents is not enough, is it not an ethical obligation to read, to think, and to give one's opinion as fairly and honestly as possible? Help the new book review editor pave new ground. Do book reviews if you are asked and ignore our space instructions. Our book reviewers have struggled mightily with these space limitations—their problem is our problem.

Hail and au revoir and to you all, active and silent, new and old participants and contributors, the journal wishes a Happy New Year! G.H.

BY SANFORD SOLENDER

Public Social Policy and Social Work Practice

A TRADITION OF social statesmanship is one of the rich assets of the social work profession in America. No element in the history of social work can claim greater significance than the part played by social workers in gaining acceptance of measures to advance the standard of life of the American people. The profession reverberates with references to this as a revered thing of the past whose recapture is desired devoutly. Mid-twentieth century social work, however, evinces far less evidence of such social leadership than was the case a half century earlier. Whether measured by the individual or collective contribution of social workers, of local or national social agencies, or of councils of agencies, we are far from the standard set by Jane Addams, Lillian Wald, Julia Lathrop, Grace Abbott, and many other sung and unsung social work leaders. The integrity of the profession is deeply involved in its recognition of this problem and in the reassertion of its social leadership.

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This leadership challenge has meaning for every social worker in America. No member of the profession can avert the responsibility for it. Nor can this obligation be fulfilled by acknowledging its importance but shifting the responsibility to others. For some it may mean modern counterparts of the roles of great leaders of an earlier period. For most others it signifies the gamut of activities which shape public social policy and which are appropriate to their professional practice and to their personal interests and talents. Whether as public spokesmen, policy makers, catalysts, facilitators, enablers, or diligent workers in the ranks—there is a task here for all members of the profession.

Can we as social workers achieve a new awareness of our obligations with regard to public social policy? Can we elevate once again the importance of this dimension of our professional commitment and recreate it in daily action?

MEANING OF PUBLIC SOCIAL POLICY

In considering public social policy as it affects the individual social worker, it is necessary to deal with his responsibility to recognize his relationships to such policy and to contribute to its enlightened formulation. The social worker often fails to

appreciate the breadth of the public social policy areas relevant to his practice [1] which may be defined as follows:

1. Those that affect social welfare functions under public auspices, such as social insurance, public welfare, rehabilitation services, and recreation programs.

2. Those that affect the life circumstances of beneficiaries of social work programs and have a direct impact on social work services, including those mentioned above, as well as housing, education, health, corrections, immigration, and the like.

3. Those that concern the functioning of democracy and the rights, obligations, and opportunities of individual citizens. These policies are related inextricably to social work practice and the achievement of social work goals. They cover areas such as civil rights and liberties, economic and labor conditions, the control and peaceful use of atomic energy, technical assistance to underdeveloped nations, and world peace.

There are some in the profession who would confine its social policy concerns to the first category—issues dealing with social welfare programs—and perhaps to a limited extent, to the second as well. But if this phase of social work is to be reconstructed, the social worker's responsibility to the broad range of social policies must be enunciated. This is inescapable in view of what we know about individuals, the significance of environmental factors for their growth, and the interrelation of all social ills and human services in a democracy.

Social policies derive from executive, legislative, and judicial sources of governmental authority at federal, state, and local levels. Because the legislative branch has so decisive a role in determining social policies the law-making bodies have consumed the major share of our social policy concern. The preparation and introduction of social legislation, the ensuing debate, and the character of such legislative action have much pertinence for the profession.

A significant factor in recent years has been the growing amount of social policy determined by the executive branch of government. The expansion in public welfare services and other governmental programs has widened the policy-forming scope of administrators. While administrative functions derive their authorization from legislation, many public social policies are shaped by the executive element in government. It should be noted that the growth of public welfare programs has greatly increased the number of professional social workers in government service, thus enlarging the direct contribution of social workers to the formation of public social policy on the administrative level.

Governmental policy is determined also by the judiciary. The courts shape public policy by their decisions on many issues which concern the profession.

IMPLICATIONS FOR PRACTICE

Extensive legislation, administrative actions, and judicial determinations dealing with basic conditions of life have profoundly affected the persons and communities served by social workers. They have influenced the environmental circumstances that generate many of the needs and social problems with which social work deals. The actions of the 84th Congress in extending the social security program are a recent example, with the expansion of social insurance to cover permanent and total disability to insured workers 50 years and over, the reduction to 62 of the minimum age eligibility of women for retirement benefits, and the achievement of almost universal coverage. The Supreme Court's

[1] "Public social policy" refers to the determination by government officials or bodies, of the principles which pertain to benefits, services, programs, or practices established by governmental authority to safeguard the rights, privileges, and well-being of the American people. Such policies define the nature of these programs, who shall be their recipients, and the manner in which they shall be administered, including standards, practices, and personnel.

desegregation decision, as well as legislation in the fields of health, housing, and education, significantly modifies the social setting in which the social worker practices and the conditions with which he must deal. Resulting social improvements enhance the possibilities for success by the social worker both in treatment and prevention.

The content of social work service to individuals, groups, and communities has been refined and improved as a result of public social policy actions. Social research under governmental auspices in areas such as mental health, rehabilitation, and children's services have produced new knowledge of value in practice. The provisions in the last session of Congress for federal funds for research and demonstration programs related to social security open new possibilities in this area. The ever wider use of social workers in governmental programs has broadened the range of experience in social work practice, expanding knowledge and increasing proficiency.

Public settings. Especially noteworthy has been the effect on improved social work practice in public settings. Of far-reaching import, with implications also for practice in voluntary agencies, was the 1956 amendment to the Social Security Law giving official recognition to the growing concept of *service* in the public assistance program ". . . to strengthen family life and help(ing) needy families and individuals attain the maximum economic and personal independence of which they are capable." Administrative policies dealing with qualifications of social workers in government service, case loads, in-service training, and confidentiality illustrate the manner in which social work practice under public auspices has been affected by social policy actions. Legislative action frequently has improved facilities for sound social work services as, for example, in hospitals, rehabilitation settings, and the Veterans Administration.

The content of professional education has been greatly enriched by the broadened body of knowledge to which we have referred. Government grants to schools and students for training new or retraining present workers have aided in recruiting social workers and increasing the reservoir of professionally qualified personnel, particularly in the fields of mental health and rehabilitation. The 84th Congress widened educational opportunities in social work through provisions for matching grants for training public assistance personnel.

Greater co-ordination and interaction within the field of social welfare has been stimulated. The recent legislation authorizing government-financed research and demonstration projects in social welfare included ". . . the co-ordination of planning between public and private welfare agencies . . ." as one of the fields in which grants are authorized. The emphasis on the multidiscipline team in rehabilitation services further illustrates this. The 1954 amendments to the Vocational Rehabilitation Act require state rehabilitation agencies to co-operate with related governmental and voluntary programs to be eligible for federal funds. Contemplated legislation in the field of juvenile delinquency underscores such collaboration. Public social policy determinations also have nourished interdisciplinary collaboration between social work and related fields, such as medicine, education, and nursing.

The process by which advances have been made in public social policies has broadened public understanding of social welfare in general and of the social work profession in particular. The legislative procedure involving hearings, communications to legislators, collaboration between social workers and other groups, and other steps, has afforded the profession a valuable opportunity to interpret the nature and importance of the field. Every action advancing public welfare services has brought new public recognition to social work.

Voluntary settings. Though public social policy actions relating to social welfare deal

generally with government programs, some have had important bearing upon practice in voluntary settings as well. Public policies inevitably affect the functions, services, and intake policies of voluntary agencies and necessitate refinement and refocusing of voluntary programs. The expansion of government services for the mentally ill under the auspices of the U. S. Public Health Service as well as of state and local authorities illustrates an area in which this is required. Voluntary services often are enabled by such actions to refocus the use of their resources and energies for pioneering and experimental work, and for intensified programing in line with their unique purposes.

Voluntary agencies also have been able to enrich their services through government funds. Institutions for the aged and nursing homes have been aided greatly in serving recipients of public assistance. The recent legislation authorizing expenditures of federal funds for public assistance research specifically states that such monies may be granted to "nonprofit" organizations. Research funds for some time have been available to voluntary agencies from the National Institute of Mental Health. Government grants, likewise, have been made for hospital construction and improvement of rehabilitation programs.

The profession has discovered, however, that even though legislative action is taken, continued efforts must be made to assure its implementation. A case in point is the need for congressional appropriations to give effect to the 84th Congress' authorization for research and training programs, which became law but without funds to carry them out.

LEADERSHIP OF SOCIAL WORKERS

In view of the implications of these policy actions for social work practice, it is appropriate to inquire into the recent role of social workers in influencing these decisions. In the absence of scientifically validated data, we must rely upon impressions and cautious judgments.

It seems clear that social workers, and social agencies as well, have played a disquietingly small part in this process and that their impact has been limited. There are exceptions to this which deserve note. Some social workers, especially in the public welfare field, have contributed importantly to the expansion of the social insurance program, and some have been effective in other areas. But these are much too rare indeed.

By and large social workers have reflected the inertia and apathy which prevails generally among citizens, if measured by avowed interest in social policies, attendance at forums on social issues, action on specific policy questions, membership in political parties, or readiness to accept public office through appointment or election. Nor does there appear to be an unusual degree of conviction about the *special* responsibility of the social worker for public social policy, particularly as it affects areas beyond those directly involving social welfare. There are few professional social workers recognized broadly and country-wide as social statesmen in the sense that social work leaders of another generation were identified. Although there is some progress in verbalizing interest, action seems notably lacking.

Yet the social worker possesses qualities, knowledge, and skills that enable him to make a unique contribution to the formulation of public social policy. Recognition of this by members of the profession and by the community is essential to the fulfillment of this social work role. What, then, can social workers bring to social policy formulation?

1. The social worker's social conscience, dedication, and concern for people and their welfare should predispose him to have a particular sense of social responsibility and a deep interest in influencing social policy.

2. The social worker has a frame of reference provided by the philosophy of social work within which to understand and contribute to the development of social policy.

3. The social worker's proximity to people and to communities in his daily work places him at a vantage point to observe social conditions, identify social needs and problems, obtain firsthand social data, and report upon them.

4. The social worker's knowledge of the dynamics of individuals, groups, and community life can equip him to understand the background, causes, and manifestations of social problems and to contribute responsibly to their solution.

5. The social worker's training and experience in social observation, analysis, and planning can enable him to contribute social research skills, as well as the results of his social studies, to the determination of social policy.

6. The social worker's competence in organizing people, groups, and communities for study, planning, and action can enable him to help them increase their social understanding, articulate their thinking, and act intelligently on public social policy matters.

The potentiality of the social work profession for enriching social policy is a blend of the predisposition of persons who elect a career in the field, their specialized training and professional preparation, and the experience derived from their practice. This faculty is intrinsic to their professional functioning. It derives its meaning and vitality from the fact that it flows directly from the experience with social concerns encountered in social work practice, and it is integral to the social worker's professional capacity. Social workers can contribute to social policy as individuals, and when all the resources of the profession are assessed, especially as they are combined in the professional organization, the impact of the profession as a whole can have far-reaching import.

THE PROCESS

The social worker's effect upon public social policy is most significant when he is clear about the process by which enlightened social action can be undertaken. The methods employed by the profession in this area are as follows:

1. Study of social issues, formulation of judgments, and recommendation of programs.

2. Organized advocacy of courses of action and earning public support for them.

3. Direct efforts to influence policy makers.

While we shall not rehearse the specific social action means available to social workers, several generalizations are pertinent. The social worker's effectiveness here depends frequently on the confidence of policy makers in his expertness and the value of his counsel. Hence, the profession must be concerned not alone with the forms of action employed, but with *how* they are used. Upon this may hinge the success of such action and public regard for the profession. It behooves social workers, acting individually or collectively, to do so only upon the basis of adequate study, careful analysis, and sound conclusions. Oral or written testimony or other communication must be of a high quality, and action must be dignified and worthy of the profession. "Hit-and-run" approaches are as ineffective as well-planned and executed programs are effective. Whether on a local or national level, sustained social action programs, carefully planned and executed, are likely to be most successful. They develop a valuable body of experience and cultivate continuous, regularized relationships with policy makers that can be the soundest foundation for the usefulness of the profession in this area. The fact that representatives of the National Association of Social Workers are being invited with growing frequency to appear before legislative committees re-

flects the result of continuous, constructive relationships.

OBSTACLES

The social work profession takes pride in the part it plays in the betterment of the lives of individuals, groups, and communities through the many facets of its practice. But the profession must intensify its contribution in public social policy development. It is reassuring to note the increasing consideration being given to this matter nationally and locally by NASW, social work conferences, and the literature of the field. To accelerate this, attention must be given to the obstacles to the fulfillment of this function and measures which can overcome them.

The deterrents are of three types: first, those relating to the social milieu and affecting the civic participation of all citizens; second, those arising from within the profession; and third, those involving the relationships of the profession to society. Several factors on the social scene bear upon this matter. The complexity of modern social organization, especially of government, causes individuals to feel dwarfed in the face of such formidable social instrumentalities. The increasing centralization of governmental and voluntary endeavor, much of which is caused by the need for services to meet the requirements of modern society, intensifies the alienation of the individual from organized social processes. In the modern political system, especially in large urban communities, legislative and administrative officials somehow seem less and less accessible to people and citizens feel detached from them. The complicated power structure in which large, influential groups organize to press for particular courses of action tends to minimize the citizen's confidence in the efficacy of his political action, and, in turn, engenders feelings of inadequacy, futility, and resignation.

There is little doubt that the social worker also has been infected with these feelings, which explains a great deal of his lassitude. On the other hand, the training and general predisposition of the social worker justifies the hope that he will be among the first to free himself from such attitudes. It is also reasonable to expect that the social worker will give social leadership by communicating to citizens a faith in their capacity to affect social change, and by helping them to achieve greater understanding of public affairs and the capacity to act wisely upon them.

Social workers as well as others are deterred from civic activity by a disinclination to take stands on controversial matters which may evoke adverse reactions. This is a remnant of the era of restriction and fear which is still fresh in our memories and whose consequences linger as inhibitors of social action. It is gratifying to observe greater freedom of discussion of controversial questions and growth of activity on behalf of public issues. But these limiting factors take their toll among social workers and deter them from activity in respect to public social policy. Yet here is an opportunity for leadership by members of the profession in stimulating citizen participation by constructive example. Motivated by an abiding faith in people and in the free way of life, social workers can take strength from their professional commitments, knowledge, and experience.

Numerous problems within the profession also contribute to inadequate participation in the formulation of public social policy. There has been much discussion in recent conferences and in our literature about the consequences of the swing to extreme concern with intraprofessional considerations as contrasted with the broader social obligations of the profession. We have gone through a period of preoccupation with defining the scope and content of the profession, refining its techniques, and clarifying its internal structure and organization. The initial impact of psychiatry upon social work tended to place emphasis on the individual, as distinguished from the

society in which he lived, and lent a non-enviromental focus to social work thinking. Moreover, the profession often has appeared to be concerned primarily with the "process" of social work practice.

Let there be no mistake about this point. The efficacy of social work practice has been enhanced enormously by this concentrated concern for its internal aspects and the quality of the service rendered. This impressive social gain must not be minimized.

On the other hand, these circumstances have deflected the interest of the profession from the larger social scene and the social worker's obligations to it. While such a development was inevitable and explicable in a young and growing profession, it should be possible for the profession, in a disciplined fashion, to reorient its approach so that a balance is achieved. There is no reason why social work cannot be concerned *both* with the improvement of its practice *and* with its social leadership.

Another serious deterrent is lack of clarity and conviction by social workers themselves that they possess knowledge, insight, and skill which provide them with a distinctive capacity to contribute to the shaping of social policies. Understandable factors that have generated a sense of professional insecurity have affected this situation greatly. As a young profession, it is inevitable that there are islands of public unfamiliarity with social work, ignorance of its purposes and program, and lack of understanding of the field and the profession. Constantly struggling to overcome the public stereotype as an "impractical idealist" or as a person lacking "business sense," the professional is further confounded by difficulties in raising personnel standards and practices, in recruiting workers for the field, and fears about job security resulting from possible action on controversial issues. The resulting lack of self-confidence inhibits his entry into the broader social arena where he is exposed to the test of public acceptance.

The total complex which generates such insecurity requires a concerted counter-effort involving educational activity within the profession and the schools and better interpretation of the profession, to which we shall refer below. As the social worker grows in inner strength, in confidence in his distinctive contribution in this area, and in the acceptance accorded him by society, the effectiveness of his leadership in social policy formulation will correspondingly increase. But as social workers assume the role of social statesmen with clarity, understanding, dignity, and courage, the profession will by its own efforts materially speed this process. The very acceleration of social action by members of the profession about which we speak is itself one of the potent means by which the profession can overcome some of these handicaps.

Lack of understanding of basic social problems and issues and of how government operates is another serious deterrent to the effectiveness of social workers in this field. Leadership by social workers in influencing social policy requires that they have the knowledge and understanding concerning social issues which will equip them to make sound judgments and determine wise courses of action (a requirement that would be true of any group). Some of this is no doubt rooted in the weaknesses of undergraduate education as well as education in earlier years. Professional training for social work is contributing measurably to providing social workers with such background and as the proportion of trained workers in the field rises, competency to evaluate issues and solutions should improve. For the present, however, this problem must be acknowledged.

Lack of understanding of the what and how of social action restricts the participation of social workers in the development of social policy. Knowledge about the process by which social policies are formed and the way individuals or groups can affect their determination is a *sine qua non* of effectiveness in this area and to the de-

gree that this is lacking, social workers are prevented from providing this leadership. The manner in which social policies are determined, the forms of action available to social workers and appropriate for their use, the circumstances and timing of such action and to whom action should be addressed must be clarified. Here is a point at which all the educational forces within the profession have an opportunity to strengthen the ability of the profession to function in this field.

The complexity of the process of social policy development today is such that effective activity in this area requires a reasonable degree of political sophistication which too often is lacking. Reid refers to ". . . the innocence of the average social worker in a private case work agency, of how a community really functions.[2] Social workers, to be effective in influencing social change, must be acquainted with the contending forces that seek to influence social policy. They need to know how social policy is determined. Naïveté about this often has minimized the effectiveness of social workers but educational efforts within the profession, as well as experience in civic activity, will hopefully overcome these impediments.

OVERCOMING THE DIFFICULTIES

Dealing with intraprofessional problems. The major responsibility for overcoming the intraprofessional difficulties must be assumed by the profession, its principle resources being the schools of social work and NASW. Through selection of students and through the content of training, the professional schools can exert a decisive influence on the future role of the profession in this area. Moreover, to the extent that they can influence preprofessional, undergraduate training there is additional assurance that future social workers will be equipped to provide more active social leadership.

NASW is another decisive instrument in helping the social worker discharge his social policy function. To many who labored for the unification of the social work professional organizations and the creation of NASW, and to others who encouraged and supported this effort, the creation of the new, unified association was viewed as a step forward in equipping the profession to discharge better its social leadership functions.

This responsibility can and must be assumed appropriately on each level of function within the association and relates to the work of most Sections, chapters, commissions, committees, and the Washington office. Like other areas which are generic in the scope of their social work implications, the contribution of the profession to public social policy must permeate NASW activities in an appropriate and balanced way. The eventual fulfillment of this role by the profession will be closely related to the speed with which NASW is able to increase its resources and thus broaden the scope of this work.

The social scene. Ultimately, the success of the profession in providing leadership in respect to public social policy requires an understanding by the whole community of the social worker's unique contribution. Legislative and administrative policy makers, lay leaders, and the community in general do not now recognize fully the potentialities of social workers in this regard. Progress is being made steadily, but until this lack of understanding is substantially eradicated, it will continue to be an obstacle.

Social workers often can be most effective in respect to public affairs when they act jointly with other professions such as nursing, law, medicine, and teaching, and with other groups such as business, labor, women's organizations, consumers' inter-

[2] Joseph H. Reid, "Some Observations on Private Case Work Agencies and Social Policy." Arden House Conference on Social Policy in Social Work Education, New York School of Social Work, April 22–25, 1957.

ests, and service bodies. Such co-operative endeavors, though growing, are still limited by inadequate relationships or lack of them. Social workers sometimes fail to recognize the importance of this collaboration and lack experience in joint action. Insufficient co-operation in behalf of social policy is evident, too, among social welfare agencies and between lay and professional people, though steady advance is occurring, thanks especially to the councils of social agencies. Social workers are sometimes handicapped in such relationships by a lack of skill in communication. Their inability to free themselves from technical language and concepts in dealing with community problems retards easy identification with other groups, both within and without the social welfare field. As the profession accents its concern for greater co-operation with other organizations and wider involvement in the social policy area, such handicaps must be reduced.

There are other practical difficulties which must not be underestimated. A given worker's stand may possibly be associated with that of his agency; social workers holding executive positions especially have this difficulty. When the agency stand is at variance with the position of the individual, or when an agency has taken no position, the worker's involvement in community action encounters many problems. NASW should consider this problem as it bears on both the ethical obligations and the rights of social workers. The matter ought to be handled frankly within agencies, also, with policies established which safeguard both the opportunity for the social worker to act individually and the legitimate agency concerns.

AN OPPORTUNITY FOR THE PROFESSION

Though we speak of the responsibility of the profession to contribute to the development of social policy, it is important that this task be approached with humbleness. We social workers, like others engaged in human service, must be aware of the limitations of our knowledge and the fact that much added understanding must be achieved to resolve many of the problems confronting society. It is well that we recognize these limitations and undertake this task with a balance between the tentativeness demanded by horizons not yet reached, and a sense of assurance as to directions which is warranted by our knowledge and experience.

Successful work in this area also requires a healthy time perspective. While we are justified in the impatience for social advance that gives impetus to action, we must use our professional insights to appreciate the process by which people and communities grow in their understanding. Many pressing social needs cannot be met without a gradual process of community education that will extend over a span of years. A successful program to affect a given policy may require patient and persistent effort for a long period. We have had ample evidence of this in the long record of strivings which were required to attain many of the social programs which are today well accepted. Our thinking and action must be attuned to this reality.

The obligation of social statesmanship falls personally upon each social worker. The contribution of the profession to public social policy must start with each member of the profession. Out of practice must come a compelling concern for the dynamic social policies that deal with the large and small issues affecting the welfare of mankind. Only as we possess individually the conviction and the will to fulfill this professional obligation can the social worker's larger social contribution be realized. Here is an opportunity for a great forward stride for which the profession is equal at this time.

BY NEOTA LARSON

OASI and the Social Services

THE OLD-AGE AND Survivors Insurance program is a system of compulsory social insurance. Many of its methods and problems are unlike those of other social programs, but the ultimate goal is the same —that the service provided be of good quality and effectively co-ordinated with that of other programs to assure that the individual's total needs are met.

Nine out of ten persons who work for a living are now covered under the OASI program. Workers are required to pay the social security tax while they are working, and when earnings stop because of the retirement or death of the insured worker, or because of a severe extended disability, benefits are paid which are a partial replacement of the worker's average monthly earnings in covered employment. Benefits are due when the following events occur:

1. *When the worker reaches age 65 (age 62 for women) and has substantially retired from gainful employment.* Benefits are paid not only to the retired worker but also to his dependents—to his wife when she reaches age 62 (or a dependent husband at age 65), to their children under age 18 and after age 18 if the child has a disability which began before that age and is so severe he is unable to do any gainful work. Mother's benefits are paid to a wife at any age when she has a child beneficiary in her care.

2. *When the worker dies.* Survivors benefits are paid to children under age 18, to severely disabled children after age 18 if their disability began before that age, and to their mothers as long as they have such children in their care. Aged widows of insured workers are eligible to receive benefits at 62. Benefits may also be paid to aged dependent parents if there are no other eligible survivors, and to widowers at age 65 if the husband was dependent on the earnings of his insured wife at the time of her death.

3. *When a worker between the ages of 50 and 65 has an extended disability which is so severe as to incapacitate him for any substantial gainful activity.* The worker must meet the requirements of quite extensive and recent work in covered employment before the onset of his disability. Also, the disability must be medically determinable. No benefits are paid to the dependents of workers receiving disability benefits. (Disability benefits were first payable for the month of July 1957.)

Certain parts of the program are of necessity highly mechanized—over 10½ million benefit checks were prepared and sent out in September 1957, for example; others are sensitively focused on the individual. The mechanization is applied to the processing operations, not to people. A basic principle in the administration of the program is that everyone must be dealt with as a contributor, or a member of a contributor's family, who, if he meets the conditions set forth in the law, is entitled to his benefits as a matter of right, and is entitled as well to helpful, friendly, and sympathetic treatment. When he has problems not related to his OASI benefits, he may also expect that the social security district office will be able to give him information about other agencies in the community providing the service he needs.

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REFERRAL SERVICES

Most individuals come to claim their benefits at a time when some disrupting event has occurred in their lives—the worker has just retired, has a severe disability which will continue for an indefinite period of time, or the family breadwinner has just died. Not only has the source of the income the individual will have to meet his basic living costs been changed, but also the event which leads to entitlement to benefits is likely to require fundamental readjustments in his way of living. Application for benefits often is the first step in the readjustment process, and every effort is made to give full recognition in the interview to the fact that the individual may be less sure of himself than he ordinarily would be. The application interview, however, appropriately is not a counseling interview in which advice and help is given to the individual on these interrelated but separate problems. If he indicates the need for special help, he is referred to the agencies within the community whose job it is to give this help.

Referral of individuals who inquire about other programs to the appropriate community agency is an accepted part of the Old-Age and Survivors Insurance service. Two recent studies of this referral service show that many people come to local district offices for the sole immediate purpose of inquiring about community resources; they have no other Old-Age and Survivors Insurance business to transact at the time. They know the office has information about community resources, or will do what it can to obtain it for them. They undoubtedly feel free to request this service perhaps because they have a sense of status with a program where they are in a position to exercise a legally enforceable right to benefits. Referral services are more effective when information is available about community resources. The communities served by several of the district offices in which the referral studies were conducted had no reliable directories of community agencies and the services that they provide.

District offices frequently have staff meetings at which persons from other agencies are invited to present information about their service. To a large degree, the effectiveness of this educational device depends on such persons having enough understanding about the OASI program to make their information pertinent and useful. Social agencies need to keep the local district offices informed about their programs and methods of work, and about such practical matters as changes in the location of their offices and their office hours.

INCAPABLE BENEFICIARIES

It is a basic principle in the administration of our program that people must be left free to make their own decisions about how and when they will apply for benefits and how they will use their benefit money. They must be free as well to decide whether they will follow through on information given them about community resources. The great majority are capable of making these kinds of choices.

It is consistent with this principle to recognize that some adult beneficiaries are incapable of this amount of self-direction. Very carefully worked out administrative safeguards protect them against the possibility of capricious judgments as to their capability to manage their own benefit funds. In the absence of a court finding of incompetency, for example, a statement must be obtained from a physician, based on his own examination of the beneficiary, made within the past year, and his knowledge of the beneficiary's present condition. When incapability has been established in this way, another person is selected to receive his benefit check.

The person selected as such a payee accrues no rights to the benefit funds. Rather, he has responsibility under the law to use the benefit funds in the best interests of the beneficiary. If he fails in this responsibility, another payee will be selected, and action may be taken against him for the recovery of misused funds.

Children, because of their minority, do not ordinarily receive their benefits directly. For over 90 percent of our child beneficiaries, a parent, usually the mother who has the continuing responsibility for the child's welfare, is selected as the payee. Her decisions govern the use of the child's benefit funds. Since benefits are a replacement of earnings upon which families have previously depended for support, the funds are usually used for current maintenance, but they may be conserved for special purposes if that seems to the payee a possible and desirable plan.

In selecting a representative payee for a child or an adult incapable of handling his own funds, top priority is given to a member of the immediate family, or to a relative who is either providing care or has demonstrated a continuing and substantial interest in the beneficiary's welfare. A basic purpose in this aspect of program administration is the maintenance and strengthening of family ties, a purpose we share with social agencies.

When there is no available relative or other responsible person who has demonstrated a continuing interest in the individual, it is our policy to ask a community agency—usually the local welfare department but sometimes a private agency—to recommend a responsible payee. Working through the regional representatives of the Children's Bureau and the Bureau of Public Assistance, the Bureau of Old-Age and Survivors Insurance has arrangements with all state public welfare agencies under which they have agreed to provide certain kinds of service to assist in meeting some of these problems. The foundation has, therefore, been laid for a more effective working together in the interest of these beneficiaries.

SUPPORT OF SOCIAL PROTECTIONS

The OASI program has also assumed responsibility for giving support to the basic protections which society has set up to safeguard the welfare of individuals. When a child beneficiary is living with someone other than a relative, for example, the social security district office makes inquiry as to whether the home meets the licensing requirements of the state before this person is selected as the representative payee for the child. A responsible official of a child-caring institution may receive the benefit check for a child for whom the institution is providing care if there is no one outside the institution who can act in this capacity. Before an official of a private institution can be selected as payee, the institution must have met the licensing requirements of the state. An institution that does not have approved child-placing facilities of its own, or available to it, is selected only under unusual circumstances, as for example when there are no child placement services in the community, as is still true in parts of the country today.

The social protections which should be provided for adults living in institutions and in residential or nursing homes have not been as clearly defined as for children. A major forward step was taken when the public assistance titles of the Social Security Act were amended to provide that if a state makes assistance payments to adults in private or public institutions, the state plan must provide for the establishment or designation of a state authority, or authorities, which shall be responsible for establishing and maintaining standards for such institutions. A crucial step, the requirement that there be a clearly defined state responsibility in this area, has thus been taken. Not only assistance recipients but also OASI beneficiaries profit from this action. We know that some aged beneficiaries are now living in substandard residential and nursing homes, often because they have no other place to go. There are still not enough facilities which meet state standards to provide this kind of care for all of those who need it.

USE OF SOCIAL SERVICES

Charges of gross neglect of a child or of an incapable adult beneficiary made at a

local district office are referred to a social agency providing protective services. Also, we occasionally take the initiative of suggesting to an individual that he consult with a social agency on the problems involved in developing a continuing plan for a child or an incapable adult. This kind of suggestion seems appropriate where there have been many changes in payees, even though there is no question of the validity of each successive selection of payee. There is usually no difficulty in finding an agency which will act in a crisis when there is no immediate plan for care and one must be made, or when protective services are clearly needed. Services to families who need help in stabilizing a plan of care, but who face no immediate crisis, are readily available in some communities but lacking in others.

Examples could be given of effective services provided in each of these areas. It is important in forward planning, however, to be as aware of the lacks as the successes. The following illustrations are of situations where the failure to obtain services was of great concern to us.

The first example is one in which the application of a basic program policy interrupted the continuity of care for three child beneficiaries and no permanent plan was subsequently developed for them. These three children were in an institution when the claim for survivor's benefits was filed. Since the mother was in another state and had not seen the children recently, the institution superintendent was made the payee of the check. The institution was licensed by the state at the time the selection was made. Two years later, however, the institution's license was not renewed by the state. This, under our policies, made it necessary to seek another payee. When the superintendent was notified that he could no longer receive the children's benefit check directly, he got in touch with the grandmother who lived some distance away and asked her to remove the children.

The grandmother then took the children to live with her, and became payee of their benefit checks. Six months later, the mother came to the local district office and asked that she be made payee of the children's benefits, saying she had rented an apartment and now had the children with her. Another change in payee was then made.

Nine months later the grandmother had the children with her again, and she was made the payee once more. The grandmother in this interview was troubled about her ability to provide continuing care for the children and saw value in discussing her problem with a social agency. As it turned out, however, the very small private family agency in the community did not have the resources to give this kind of service and the local public welfare agency, which did some child placement work, did not provide services to children in their own homes or in the homes of relatives except when the family was receiving public assistance. Since the grandmother did not want to relinquish the children at this time, no service was available.

We believe our basic policy of not selecting an official of an institution as payee of a child's benefit check if the institution fails to meet state standards is a correct one. The failure in this situation was in the fact that there was no community agency in a position to participate in planning for these children.

The proportion of child beneficiaries for whom frequent changes in payee occur is very small. Situations in which children are moved from one place to another in this way and for whom there seems to be no permanent continuing plan of care occur, however, in all parts of the country.

Problems also arise when services are not available for aged beneficiaries. An example is that of an 80-year-old man who had been living in the same boarding house for many years. His landlady came to the social security district office saying that she was having trouble getting him to cash his benefit checks, although when he did cash his check he had so far willingly paid her

for his board and room. This beneficiary had become increasingly confused and disoriented over the years, but the landlady was willing to keep him if the problem of getting him to cash his benefit check, over which he had shown an increasing stubbornness in the last several months, could be resolved. She did not want to be the payee for the check, and we would have had reservations about selecting her since she was also his principal creditor.

The beneficiary had outlived his immediate family and no other person had shown any real concern for him for a number of years. The advice and help of a local agency was sought but the only solution that could be suggested in the light of its own resources was commitment to a mental hospital. The landlady did not want to initiate action for commitment, however. This beneficiary continues to receive his check directly and the situation remains precariously balanced.

A more positive reaching-out by social agencies is needed for the purpose of giving help to aged individuals who are only marginally capable. It is encouraging that communities in many parts of the country are beginning to ask themselves what can and ought to be done, which is the first step toward finding solutions.

Social services of the kind needed are more readily available in large urban areas than elsewhere, but even there it is sometimes difficult to find an agency that has a service which will meet the needs of a particular individual. A representative of a social security district office in a large metropolitan area, for example, recently spent a couple of hours before finding an agency that could arrange temporary shelter for an elderly man who had filed a claim for benefits but would not receive his first check for another ten days, and who had been evicted that day for nonpayment of rent. Some of the agencies contacted felt that with his benefit check coming he should be able to manage on his own—which, in fact, he did two days later. He needed only to be tided over a short emergency period.

Sometimes the suggestion is made that instead of relying on community agencies for needed services the OASI program might provide such services for its beneficiary groups. It is not possible, of course, to do this under the present provisions of the Social Security Act, and we would doubt the wisdom of seeking this kind of authority. The kind of social services needed by beneficiaries does not differ from those needed by other groups in the community. Equally important, if we were to provide such services within the OASI program, some beneficiaries might not be as clear as they need to be that failure to accept such help or to conform to community standards of conduct does not affect their right to benefit payments, unless deported for specified reasons, or conversely, that an individual by solving his personal problems does not thereby become more secure in his benefit rights.

PARTICIPATION IN PLANNING

Within the setting of its responsibility as a benefit paying program OASI is seeking the way to work more effectively with others in local communities, and at the national level, to assure that needed services are available. The newly created Welfare Branch in the Division of Claims Policy provides a focal point for policy consideration and evaluation of activities undertaken for this purpose. Four out of five local district offices now have some staff member, usually the manager or assistant manager, participating in local community planning, most often in relation to services for the aging.

Participation in planning rests on needs which become apparent in the operation of the OASI program. Points of relationship between our program and others have already been indicated. The 1956 amendments to the Social Security Act, which reduced the age at which women could

be eligible for benefits from 65 to 62, accentuated another. Grave doubt was expressed at the congressional hearings about the advisability of this provision on the grounds that a lowering of eligibility age for women under the OASI program might adversely affect the employment opportunities of older women. If women workers were to be retired earlier, or find it harder to get jobs if they are out of work, because of a change of this kind, it would indeed be a serious matter.

Another amendment provided for payment of benefits to workers at ages 50 to 65 who are too severely disabled to engage in any substantial gainful activity. We are already aware that the failure of some individuals to get needed health and medical care at the right time has contributed to the present severity of their disability. Sometimes doctors have stated on the medical certificate that if the individual had come to them earlier he could have been helped.

The law requires that persons applying for disability benefits be referred to state vocational rehabilitation agencies whose services cannot be refused without good cause by persons found eligible for benefits. Some quarter of a million persons who have applied for or made inquiry about disability benefits have already been referred. It is of tremendous importance to our program that vocational rehabilitation services be expanded to meet more adequately the needs of this most difficult group—the very severely disabled, handicapped also by being largely older persons. It is equally important that health, medical, and other services be available to retain or restore capacity for self-help and self-care for individuals for whom there is no prospect of return to gainful employment since OASI benefits are more nearly adequate if expensive care is not needed.

The payment of dependent's benefits to disabled "adult" children—those individuals who are adults in chronological age but children in their continued dependency because of severe disability which began before they reached age 18—brings into focus another aspect of our concern. This also is a new provision. Some 36,000 beneficiaries are now receiving payment and applications are coming in at the rate of over 500 per week. We expect this rate to decrease as soon as the so-called backlog cases are taken care of, that is, the cases of those individuals who were made eligible under the law by reason of the death or retirement of the insured worker sometime in the past. A sizable proportion of these beneficiaries are disabled by reason of severe mental retardation, cerebral palsy, and epilepsy. Some are now in institutions, but most of those for whom application has been made are still living with their families.

It is clear that many parents are applying for these benefits now not only because they need the additional income, but also because they believe that when they are no longer able to provide care for their severely disabled children, the benefits will make it easier to work out a new plan of care. The emotional burden of these families, sometimes expressed as "What will happen when I die?" would undoubtedly be lessened if some community agency could plan with them now against this future eventuality, and meanwhile plan as well for the development of a greater self-sufficiency in these severely disabled individuals.

Social workers have long been aware of the interrelatedness of economic and other needs. How this interrelatedness is to be acknowledged and developed must be determined by each program in the light of its basic function. It takes time, thought and a continuing relationship—tested out in many situations—to develop the mutual understanding of how and why we work the way we do. As each of these components comes into focus, as staffs grow in awareness and skill, interprogram relationships will be established that will assure a better service to individuals and families.

BY THE WESTERN NEW YORK CHAPTER, NASW COMMITTEE ON SOCIAL WORK PRACTICE

Opinions on Supervision: A Chapter Study

As ITS MAJOR project for the year 1956–57, the Committee on Social Work Practice of the Western New York Chapter, NASW, decided to study and report on the opinions of the chapter members regarding supervision in social work. Recent articles in SOCIAL WORK and in *Social Casework* had challenged, defended, or otherwise examined current practices in supervision. One writer considered the supervisory functions of administration and teaching to be so seriously in conflict that they should be separated and assigned to separate personnel. Others thought that interminable supervision was stifling workers' initiative and setting dependency patterns which prevented the emergence of leaders for the profession. Our committee's project would therefore be timely, and it might help to stir up or to crystallize, as well as to sample, local ideas about supervision.

Subcommittees reviewed and discussed all the recent literature they could find—books and pamphlets since 1945, and articles since 1949. Controversial or doubtful areas were noted. Where semantic difficulties seemed important, reconciliations and definitions were attempted. Eventually the committee evolved a four-page questionnaire covering areas where it seemed worth while to invite expressions of opinion.

ROBERT W. CRUSER, M.S.S., *was chairman and recorder for the committee, and prepared this text. Other members were Mrs. Cornelia H. Allen, Mrs. Doris W. Bates, Mrs. Ethel R. Brady, Mrs. Winona A. Clements, Mrs. Mary Crawford, Margaret F. Evans, Mrs. Ernest Gunzburger, Mrs. Patricia F. Kautz, Sidney Levine, Leona Massoth, and Martha Simond.*

The committee had to make several basic decisions about the questionnaire. For one thing, the *upward* view would be sought: "How are you supervised?" would be the focus, not "How do you supervise?" This might make the questionnaire a less suitable means of expression for some executives and supervisors, but the committee felt that the views of the supervisee were most needed and least available through other channels. A supervisor or executive, in turn, could comment on his own supervisor, interpreted as "the person to whom he was primarily responsible." Also, general comments on supervision and on the questionnaire, outside the schedules, would be invited.

Another decision concerned the degree to which the supervisor should be evaluated or described *as a person.* The incidence among supervisors of such characteristics as warmth, rigidity, idealism, promptness, perfectionism, enthusiasm, pettiness, and so forth, might be well worth study. On the other hand, resistance to making personal comments might keep some members from answering the questionnaire at all. This risk was taken, but it was minimized by guarantees of confidentiality and by suggestions that respondents omit items they found too personal.

DATA ABOUT RESPONDENTS

The chapter mailing list showed 229 members, each of whom received a questionnaire. Returns were nearing 100 as a suggested deadline passed, and the committee postponed tabulation until 100 was reached. Later two more arrived.

The table on this page shows how the respondents classified and described themselves by checking lists. The workers (30) may seem to be outnumbered by the executives (30) and supervisors (19), but this is partly an illusion. From separate inquiries as well as internal evidence, it appeared that the worker in a one-man agency would not classify himself as a worker, but as an executive. In fact, there are two-man agencies with just an executive and an assistant executive. Both of them do the basic job in casework, group work, or whatever methods the agency uses, but they do not call themselves workers. Among the 13 respondents in community organization there were seven executives, one supervisor, five "other," and no workers. Similarly, an agency (or department in a host agency) which has several workers, with one in charge, will call him an executive, not a supervisor, although he may do more supervising than anything else.

Respondents who were not executives, supervisors of workers, workers, or students, were asked to check "Other . . . *do not* specify . . . such as teacher, consultant, fund-raiser, supervisor of supervisors, retired, etc." This seemed necessary to maintain anonymity of the respondent as well as his supervisor. The category turned out to be quite homogeneous in various ways, with considerable experience, including about as much experience in supervision as the supervisors.

The three students, all in their second year, cannot be given separate treatment in this public draft because their fewness would reveal their identity. Their responses, scored separately, showed such similarity to those of the "worker" category that the committee decided to include them in a "workers and students" category except in Table I.

A review of the chapter mailing list indicates that the returns were fairly repre-

DESCRIPTIVE DATA ABOUT RESPONDENTS TO QUESTIONNAIRE

Groups	All Groups	Executives	Supervisors	Workers	Students	Others
(Total in group)	(100)	(30)	(19)	(30)	(3)	(18)
Responsible to:						
NASW member or graduate SW	52	3	12	21	3	13
Other "social worker"	8	2	2	4	0	0
Nonsocial worker	40	25	5	5	0	5
Salary paid from:						
Public funds	30	5	7	15	0	3
Private funds	64	25	11	15	0	13
Both or none	6	0	1	0	3	2
Area of practice:						
Casework (social work agency)	39	10	6	16	2	5
Casework (health agency)	26	5	9	10	1	1
Casework (other host agency)	3	1	0	2	0	0
Group work	11	6	2	2	0	1
Community organization	13	7	1	0	0	5
Other	8	1	1	0	0	6
Paid as social worker:						
5 years or more	88	28	19	23	1	17
Less than 5 years	12	2	0	7	2	1
Supervised by social worker:						
5 years or more	66	15	17	20	1	13
Less than 5 years	34	15	2	10	2	5
Have supervised paid SW's:						
5 years or more	51	22	12	4	0	13
Less than 5 years	18	5	6	6	0	1
Not at all	31	3	1	20	3	4

sentative of the chapter membership as regards this breakdown by occupational level—if the observations previously made about status vs. function in classification hold true.

SATISFACTION WITH SUPERVISION

An interesting point, throughout the whole analysis of returns, was the discrepancy found between what respondents said about the system of supervision which they thought prevalent, and their evaluation of the supervision which they themselves were receiving. As later sections will show, many of them voiced criticisms of the apparent overuse of supervision—but *none* would specifically say that he himself was supervised too closely.

The committee asked for checks on this statement: "The supervision I receive at present is satisfactory, too close, unnecessary, insufficient, unsuitable. Instead, I should have . . ." Those checking "satisfactory" were 61 percent for all groups, and the same 61 percent for workers and students. Least satisfied with supervision received were executives (37 percent); most satisfied were supervisors (95 percent). Not one person checked "too close." Two respondents, both workers, thought their supervision was unnecessary. When people were dissatisfied, it was usually because they received insufficient supervision: 14 percent of all groups, 12 percent of workers, checked this item. (No checks were made by 15 percent of the whole group—mostly executives.)

Workers were the only group that found their supervision unsuitable to any significant extent (6 out of 33). What should they have instead? (1) "Professional supervision"; (2) "more realistic supervision"; (3) "supervision from an experienced caseworker"; (4) "scheduled conferences on a consultive basis"; (5) "a supervisor who knows casework and can accept responsibility for the things she does"; (6) "consultation as needed; support and backing in handling problems according to training and accepted social work practice; supervision seems to lean toward appeasement of other disciplines."

Respondents were asked to check whether supervision (1) restricted, (2) enhanced, (3) did not affect, their development of independent judgment. Four of the 33 workers and students (plus one executive and one supervisor) reported restriction—six, out of 100 responses. Enhancement was experienced by 78 percent of the "others," and 63 percent of the supervisors, but only 45 percent of the workers. Unaffected by supervision, they said, was the judgment of 34 percent of the workers, as contrasted with 22 percent of "others," and 21 percent of supervisors. Hypotheses: (1) that the social workers most amenable to supervision tended to become supervisors and executives; (2) that where supervision affected the development of independent judgment at all, the effect was far more likely to be good than bad.

HELPFUL AND UNHELPFUL ASPECTS

The committee developed two checklists: one on "Aspects of supervision I have found helpful," with 11 items, and one on "Aspects of supervision I have found objectionable," with 9 items. All applicable items, not just one, were to be checked. An "Other—specify" item, with blank lines, was added to each list, but was hardly used at all.

Arranged in descending order of frequency of checks, the aspects found helpful were:

	Percent
Stimulation of thinking	88
Support and encouragement	77
Appreciation of efforts	71
Help in best use of self	65
Teaching received	62
Authoritative backing	59
An accepting relationship	56
Help toward self-reliance	49
Help in self-understanding	49
Relief in sharing painful self-involvements	35
An ideal to follow	23

These figures are for all groups. There was little difference between groups, except

that very few workers (9 percent) had found an ideal to follow.

"Aspects of supervision I have found objectionable" were checked to this extent:

	Percent
Limitations on initiative	29
Supervisor's lack of understanding	29
His unwillingness to discuss points of difference	29
His use of authority	25
Being kept dependent	23
Supervisor's lack of appreciation	14
Criticisms of attitudes	12
Criticisms of work	7
Supervisor's authority	0

It seems important that nobody at all objected to the fact of the supervisor's authority, although some objected to the way it had been used. These figures are again for all groups. Workers checked all points but the last a little more frequently, and objected especially to limitations on their initiative (42 percent).

The difference in frequency of checking, as between the two lists, may be significant. Including the "other—specify" items, the 100 respondents checked "helpful" aspects 639 times, and "objectionable" aspects 178 times. A tendency to accentuate the positive can surely be discerned.

GENERAL BELIEFS ABOUT SUPERVISION

Two problems that committee members had encountered locally gave rise to two questions that received quite conclusive answers.

QUESTION. *Should a supervisor customarily expect an experienced worker to carry out interagency referrals?*

ANSWER. *Yes:* Workers 91 percent, supervisors 95 percent, executives 100 percent, others 100 percent, all groups 95 percent.

QUESTION. *Is thorough, extensive recording (rather than brief summaries) necessary for experienced workers in making the best use of supervision?*

ANSWER. *No:* Workers 94 percent, supervisors 100 percent, executives 91 percent, others 100 percent, all groups 95 percent.

The next two questions might have been asked almost anywhere in the United States.

QUESTION. *Do you believe that social workers often become supervisors because of the pay increase when they would have preferred to remain in basic practice?*

ANSWER. *Yes:* Workers 87 percent, supervisors 71 percent, executives 74 percent, others 79 percent, all groups 80 percent.

QUESTION. *Do you think that social workers in basic practice are oversupervised on the average?*

ANSWER. *Yes,* by a slim margin: Workers 59 percent, supervisors 61 percent, executives 45 percent, others 50 percent, all groups 54 percent.

This widely held belief that workers are oversupervised does not tally with the fact that no respondents would check the supervision they themselves received as too close. Nor does it tally with other parts of the study. Conceivably the oversupervision happens to nonrespondents or to nonmembers of NASW; but a more likely hypothesis is that a minority of protesters against supervision have made dissatisfaction seem more general than it is.

SUPERVISION OR CONSULTATION?

The committee spent much time trying to define the words *supervision, consultation, administration, teaching,* and *evaluation,* and studying their mutual affinities and repulsions. We mulled over many wise observations in the literature, and formulated many searching questions. Later we discarded most of the questions for fear of tiring the respondent, and also because of technical difficulties in presenting choices without elaborate definitions. One question that remained was carefully worded as follows:

QUESTION. Supervision *includes responsibility for seeing that a worker's duties are carried out and for evaluating his total performance.* Consultation *is an occasional, voluntary relationship, concerned primar-*

ily with a problem, situation, or case, and without responsibility for evaluating performance. Can one person properly function as a supervisor and a consultant for the same worker?

ANSWER. *Yes:* Workers 73 percent, supervisors 78 percent, executives 77 percent, others 67 percent, all groups 73 percent.

Comments and amplification of answers to this question were invited. One or two respondents pointed out that the answer logically had to be "No," since one person could not logically be both with and without responsibility for evaluating the same worker's performance. (The committee had intentionally included this absurdity.) Other respondents quarreled with the statements in the question, pointing out that supervision included other things also (obviously true, but the committee mentioned only the ones essential for contrast), or expressing a belief that consultants could evaluate performance. In fine, the chapter membership refused to recognize the absurdity, and with glorious illogic insisted (73 percent) that the two roles could be combined.

How? "Successful supervision evolves into consultation. I don't care much whether there is a change of label or not. But it seems to me there must always be a supervising element somewhere. Even a university professor has a department head to answer to. If he is the head, then he has the dean, or the president. Somebody has to know what he is doing." So said one worker. Said another, "If the worker is mature, responsible and compliant, administrative responsibility in supervision is reduced to a minimum—and it is possible to combine these tasks." A supervisor: "I cannot visualize a situation in which these two processes are separate. . . ." Another: "I see no difference, depending on the quality of supervision." An executive: "I see supervision as lessening and consultation as increasing as a worker matures and gains experience. . . . However, there is an administrative responsibility to evaluate, and this is as much toward the worker who has consultations as the worker who is under supervision." Another executive said the roles could not be logically combined as defined, "but relaxed exercise of authority for mature workers gives similar values."

Elsewhere in the questionnaire a checklist was set up for answers to the question "As a worker acquires experience, I believe that supervision should: (1) continue on the same basis, (2) use less time, but similar content, (3) eventually be eliminated, (4) change to consultation, (5) change in the following respects"—with blank lines. More than one choice could be checked. Only two people out of 100, both executives, favored continuation on the same basis. Seven out of 100 (three executives, one supervisor, two workers, one other) thought it could eventually be eliminated. "Less time but similar content" won 23 scattered votes. "Change to consultation" proved the favorite, checked by 62 percent of the respondents, including 76 percent of the workers. The written-out items stressed the need for flexibility according to the worker's needs. "Possibly use group supervision," said one executive (from a casework agency).

Nobody, here or anywhere in the returns, suggested that supervisors should not have administrative responsibilities at all.

UNIQUENESS

When an early version of the questionnaire was tested with the help of several nonmembers of NASW (sworn to secrecy), some of them criticized it because "it didn't seem to get at the uniqueness, the special quality, of supervision in social work." None, however, said just what this quality was. The committee decided to put this question: "In your actual experience, what have you found unique about supervision in social work in comparison with supervision in other fields?" Several people replied that they had not had enough experience with supervision in other fields to make a comparison. Most people, however,

were prepared to offer quite definite opinions.

They did not agree. "Social work overdoes it!" said one executive. Another adverse criticism came from a supervisor: "In most cases the main difference is based on the supervisor's becoming involved in personal affairs of the worker on a nonprofessional level." For one worker, the unique quality of supervision in social work was "the time consumed by it." For another it was "use of supervision for the supervisor's sake—as a prestige factor for the supervisor. Interpersonal supervisor-worker relationship played up to excess, directly or indirectly in conferences." Adverse comment from the "other" groups dwelt on "the tendency to keep workers too dependent for too long a period," or saw "an overconcern, an expensive process, and an inability to free the supervisee when ready for it."

On the other hand, one executive found the unique quality to be "understanding and helpfulness toward achieving objectives." A worker said, "The depth of relationship is greater, a fine basis potentially for personality growth through self-awareness." For another worker, supervision was "a close, meaningful relationship touching on almost every aspect of your personal and professional self, yet it is not personal in the social sense of the word."

About 9 percent of the replies to this question showed feeling for supervision, and about 26 percent against. Another 10 percent disqualified themselves as lacking a basis for comparison. A majority of about 65 percent, therefore, gave rather objective replies, indicating acceptance of an established institution. The commonest theme was expressed by one executive thus: "Because the skill to be developed is the disciplined use of self in a professional relationship, supervision in casework affects personality more closely than supervision in other fields which are more dependent on objective skills." A supervisor saw other professions, after education and apprenticeship, as making professional development primarily an individual responsibility, whereas a social agency, "through supervisors, assumes greater responsibility for professional development." The qualities of sharing, emphasis on motive and method rather than product, continuousness of evaluation, dynamism, flexibility, intensiveness and extensiveness, and nondirectiveness, recurred as distinguishing elements. The leading contender, however, was the supervisor's attention to the worker's skilled use of himself—because, to quote one of the "other" groups, "social work, except for some elements of psychiatry and clinical psychology, appears to be the only profession with any real concept concerning the worker's need to use himself with self-awareness."

THE RELATIONSHIP

The word *relationship* occurred many times in the responses about the uniqueness of supervision in social work. In some of these, the relationship itself was the unique feature—"the matrix for growth and change in both," as one supervisor put it. The committee, aware that "the nature of the relationship" might prove a popular phrase, but feeling that more analysis of its meaning would be in order, decided to ask this provocative question: "Some believe that the supervisor-worker relationship is essentially similar to the worker-client relationship. Do you agree, and will you please comment?"

Very few replied yes or no without qualifications; the comments and qualifications were perhaps more interesting than the "vote." Most respondents, 66 percent, thought the two relationships were *not* essentially similar; 29 percent inclined to think they were; while 5 percent could only be classified as neutral.

Similarities included, first of all, the agreement that both relationships were relationships. If this seems either mystical or obvious to the reader, a quotation from one worker may help: "A relationship is a relationship in human society. Supervision

must give this plus carrying the cross of administrative burden and the flame of education." Several stressed that both were "helping" relationships. "Help toward better use of self" was still more specific. Principles of change, through identification and separation, toward growth and strength and self-discovery, were described as making the two relationships alike.

Differences showed a wide range and some contradictions. Was the supervisor-worker similar to the worker-client relationship? "Yes—except in its teaching aspects," said one supervisor, while a worker said, "Definitely no. Supervision is primarily a teaching process—casework is primarily an enabling process." The teaching function (never once mentioned in all the replies distinguishing social work supervision from other supervision) came in frequently as a distinction between the supervisor-worker and worker-client relationships, but opinion varied concerning its importance. The committee might well have asked the question, "Is teaching the primary function of supervision?"

Another contradiction centered about authority. Said an executive, "The supervisor is supposed to possess greater knowledge and skill and through use of authority worker is at least psychologically impressed by supervisor's status. The worker-client relationship doesn't have to continue unless client wants it. I would like to see a worker discontinue her relationship with supervisor when she wanted to." Another thought that "the client is allowed a freedom of choice that does not apply to a worker in many agencies." But still another executive said, "It seems to me capable workers are in greater degree exercising their choice of work—they operate where responsibility and independence can be and should be exercised most of the time. The client is usually seen at a time of stress, strain, or change when an individual is less able to act independently and is more dependent."

Time factors, like teaching and authority, were seen as differentiating the relationships, but again in contradictory fashion. "Help to clients aims toward a terminus; supervision aims toward help on the job as things come up, and has no terminus until the job itself ends." This executive's opinion contrasts with that of a supervisor: "There should be the objective of helping the supervisee grow and mature professionally so that in time he or she becomes a colleague."

Other points of difference: (1) Supervisor and worker share responsibility for agency function, but worker and client do not. (2) "Client is trying to change self, and environment in relation to self—worker is not." (3) "Supervision should be client-centered. . . . The worker's benefit should be incidental to this." These three points kept recurring, with variations.

GENERAL COMMENTS

The questionnaire provided space for free comment on supervision or on the questionnaire. Forty respondents took advantage of this invitation. Several executives pointed out that the questionnaire did not deal with administration, but was rather oriented to the practitioner point of view. Objections were made to the collection of personal opinions about supervisors. Favorable comments about the questionnaire were coupled with queries on how it would be used.

Comments on supervision included a signed testimonial from a student about her "ideal supervision," and, by contrast, several moving descriptions of suffering caused by supervision far from ideal. Unfortunately the latter cannot be quoted here because of specific references that might betray identities. One executive described ill effects in strong words: "This tight supervision concept spawns weaklings and produces more insecure, unhappy dependents, and consequently ineffective social workers. With six years of school and six years of being supervised, the worker should be bitter enough about it to

want to turn around and do it to someone else. This kind of system enhances mediocrity and our leaders will probably come from other professions where full, imaginative, creative thinking is not stifled in this threatened and threatening relationship called supervision."

Constructive suggestions for change were few. They tended toward (1) more permissiveness and informality in consultation, (2) use of group discussions on cases, instead of one-to-one conferences, (3) greater flexibility and variation according to worker's stage of development.

SUMMARY

During the year 1956–57, the Committee on Social Work Practice of the Western New York Chapter, NASW, sent questionnaires on supervisory practice to the 229 chapter members. One hundred responses were received in time for study and tabulation. The committee sought particularly the views of the person supervised, rather than the supervisor. Some questions were general and academic in phrasing, but others focused upon the personal characteristics of the supervisor.

Respondents generally liked their own supervisors and supervision, but frequently criticized the supervisory system that they believed prevalent. Workers found more to criticize than did supervisors, executives, or others, but not by very wide margins.

Adverse comment: 80 percent of the group believed that social workers often became supervisors because of the pay increase, when they would have preferred to remain in basic practice. More than half thought that workers were oversupervised, on the average. The commonest objections to supervision were limitations on initiative, lack of understanding, manner of using authority, unwillingness to discuss differences, and keeping workers dependent.

Favorable comment: not one respondent checked his own supervision as being "too close," although 14 percent thought it was "insufficient." Out of the 100 responses, only two workers thought their supervision was unnecessary. Supervision was reported as enhancing the development of independent judgment (52 percent) or not affecting it (26 percent) rather than restricting it (6 percent). Aspects of supervision found helpful were checked 3½ times more frequently than those found objectionable. Most helpful aspects were stimulation of thinking, support and encouragement, and appreciation of efforts. Respondents who expressed opinions about their supervisors by checking a list of descriptive adjectives indicated that they were all likable, and practically all ethical, fairminded, helpful, interested, tidy, sincere, sympathetic, warm, earnest, practical, and so on. On the other hand, supervisors were never senile and hardly ever lazy, stupid, vindictive, indifferent, rejecting, silly, hostile, overprofessional, too inquisitive, and so on.[1]

Through several approaches the committee found that most social workers believed supervision should change, gradually and flexibly, according to the needs of the person supervised, from a phase of direction and teaching to one of more permissive consultation. Evaluation was seen as continuing to be a part of the supervisor's duties. Not one respondent would object to the fact of the supervisor's authority. Not one suggested that supervisors should not have administrative responsibilities.

Background of the study has been given sufficiently to enable the reader to form some opinion of its soundness and perhaps of its applicability elsewhere. The committee presents this brief version with the hope that it may hold some intrinsic interest for the professional reader. At any rate, such a study is recommended as an absorbing year's activity for a local committee on social work practice.

[1] This checklist of adjectives, called "A Word-Picture of My Supervisor," has not been described for lack of space. Its value and even its right to exist were controversial.

BY NATHANIEL GOODMAN

Anna Karenina Revisited

TOLSTOY'S NOVEL ENNOBLING family life is much more than a beautiful and sad story of romantic attraction and attachment. The tragic story of Anna Karenina is meant to be understood in contrast to the vastly different tale of Konstantin Dmitrievitch Levin's successful and wonderfully happy relationship with pretty Kitty Shcherbatskaia. Tolstoy's message lies in the difference between the tragedy of the one and the happiness of the other. Tolstoy attributes this difference to the institution of the family as a force in life. So dynamic and forceful a conception of family life deserves a reconsideration of this work by all of us interested in more effective family living.

In brief review, Anna Karenina is a charming woman caught in a cold formalistic marriage. She meets the handsome Count Vronsky and both are fatally attracted to each other to the end that Anna leaves her husband and son for the indelicate position of Vronsky's mistress. Tolstoy then shows that, despite their great love for each other, happiness cannot be theirs. Far more serious than the anticipated social disapproval of the nature of their relationship is Anna's awareness that to lose Vronsky means the end of everything for her since she had taken the step which she had. The pressure of this need to hold Vronsky simply forces her to extremes which thwart the objective she seeks. In addition, shorn of status as a wife and mother to his children, she cannot rely on these roles to enhance her security in his love. Vronsky, too, suffers from the lack of role as father and husband and family head. Energetic, capable, he becomes a man adrift in a sea lacking these moorings—wandering from one activity to another and never satisfied in any of them.

Levin's history, interwoven throughout the book as a contrast, is a more orthodox one of socially sanctioned marriage and legitimate children. Levin finds himself as he realizes his purpose in life is his newly created family—the care and rearing of his children. Tolstoy beautifully describes Levin's awareness that this care and rearing of one's children, this giving to them of an orientation to life, is that which makes possible their security and happiness.

The tragedy of Anna Karenina is the tragedy of love without familial attachment. But, make no mistake, this is not the timeless moralistic thesis. For Tolstoy, the attachment between Anna and Vronsky fails because it encompasses only themselves. Love must be present but for the relationship to endure, deepen, and enrich, it must rest on more than the attraction of a man and woman for each other. Children, in and of themselves, cannot become the answer, for children born of such a selfish attraction fail also to enrich the lives of the parents. The family as a motivating institution toward which certain alle-

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giances are owed simply because it is respected, honored, and wanted, because it makes possible the rearing of children and the transmittal of the culture—this kind of family is required to complete the promise which inheres in heterosexual love. This is Tolstoy's message and one which bears reconsideration today.

It seems no accident that Tolstoy conceived his novel in the latter part of the nineteenth century. All works of art have in common their essential capture of a significant piece of the culture which spawned them. In the relative tranquillity of the still traditionalized family structure of that period, Tolstoy had caught the disturbing seed which has indeed blossomed too fully in the twentieth century. Has not the cult of personal attraction and personal accountability grown so great as to dominate marital selection and adjustment in our time? How different indeed is the message of the timely *Marjorie Morningstar* from *Anna Karenina*?

Divorce statistics in this country show increasingly that more and more children are becoming involved in more and more divorces. Sound marital counseling concentrates on personal feelings—whether they be anxieties, compulsions, frustrations, or satisfactions—and aims toward a sufficient freeing so that a satisfactory personal resolution may be derived. Except in hackneyed and trite pseudoreligious utterances, nowhere do we find that kind of searchlight on responsibility and allegiance, such as Tolstoy holds out, to something at least as equally important as personal orientation. It is recognized, of course, that such a sense of allegiance must come from within the individual and not be imposed upon him from without if it is to be successful in his life.

I wonder if a culture can ever achieve satisfying stability and integration in its institution of the family relying, as does ours, on personal happiness as the prime motivational force. I do believe, and the supporting sociological arguments would lead us too far afield, that the establishment of personal happiness to the level of a cultural value with commensurate motivational force is an accompaniment of cultural disintegration. The enthronement of hedonism as a positive value has been associated historically with the decline of civilizations. It is difficult to doubt that the social statistics measuring current family life do not raise similar cause for concern.

Yet these are strange words indeed to come from a social worker whose professional life is bound up with techniques which succeed by capitalizing upon realistic personal satisfaction and comfort—relief from anxiety. This is not to be understood naïvely. Casework techniques serve to free the troubled person to accept rules, traditions, cultural prescriptions when these are so deeply embedded in his personality just as they serve to free the individual to overcome them when this is his particular route to personal security. It is just as certain that the person who is truly adjusted to his cultural norms and traditions must have established his own personal security and must have developed an adjustment to life which is satisfying and comfortable for himself. That is to say that making one's peace with one's culture has to be part of making one's own peace with oneself. Thus, in order for cultural norms to succeed on the social level, they must also succeed on the personal level. Tolstoy's character, Levin, could find happiness and satisfaction in his marriage and in his family because he wanted to be obligated to the demands of the family. Had he not felt this way, no amount of exhortation on the part of society would have brought him this security. Make no mistake, an orientation of family roles as welcomed obligations, an orientation to family roles as an obligation to one's children and to society, must be an inward one to succeed.

I wonder, therefore, if we who are inter-

ested in good family living have not the function to work somehow to develop in people a feeling toward family life of obligation to achieve a successful role of the parent and the spouse. This is to say that we should educate people to good family living not only because an individual will be more satisfied by the consequences of an adequate assumption of his family role but even more that he has a responsibility to do so. Now, we do this in our individual therapeutic work to some extent but we always hark back to the individual's prodding bundle of pain. In problems of lack of responsibility to the role of parent, we come back to the pain of the consequent guilt or the pain of the consequent decreased self-esteem. This is fine in terms of our present state of knowledge of therapeutic dynamics which is such that we really have no substitute for anxiety as the motivating force for personal change. It does, however, appear to me that in our family life education this element of responsibility to family role gets lost and, in consequence, we try to educate for successful family living in terms of personal satisfaction. There is a difference between the "educative" requirements of therapeutic endeavor where the philosophical principle of pleasure-pain holds sway through the medium of the anxiety factor and the requirement of larger education endeavors such as the somewhat mass education for sound family life. Although understanding of the dynamics of family life has a place in this latter, the thesis here is that this sort of knowledge might more profitably be overshadowed by attention to the development of values which aim toward better family life. This is the meaning of the revisit to Tolstoy's *Anna Karenina:* that we had better begin to direct efforts toward creating in the public an orientation to the institution of the family which tends to bind them to an obligation to succeed in parental and marital roles. We have to begin to combat consciously the orientation that one must obtain happiness from family life, lacking which one is free to "try again." Not that one has not a right to happiness in family life, but rather that on an equal level with this right is the obligation to suceeed as a marital partner and the obligations to one's children.

Concretely, this may be translated into the situation of the individual at the crossroads of a domestic quarrel, burning with his need to strike out or to retaliate. Counterbalancing this, there needs to be within him value-attitudes demanding conformity to behavior standards that aim more satisfactorily toward successful family life and that function as a control on the hostility needs. It is to the development of this kind of norm of moral obligation to behavior standards which are conducive to successful family living that family life education efforts should be addressed.

Perhaps the slavishness of the traditional obligation to family roles was too stringent to succeed after the industrial revolution reached its stride. Certainly it is true that the intense personal freedom of the twentieth century fails to foster good family life. Thesis and antithesis seldom succeed; but synthesis, which is what we need now, very often does.

BY ALBERT S. HOTKINS, MICHAEL KRIEGSFELD, AND ROSALIND M. SANDS

An Interview Group Therapy Program for the Waiting-List Problem

THE PROJECT REPORTED here relates to one of the most serious problems facing child guidance centers and psychiatric clinics today, namely, long waiting lists and paucity of available treatment time. This problem was succinctly stated by Dr. George Gardner in a paper on the role of the mental hygiene clinic in the community, in which he describes the "never ending relentless pressure" for treatment, which has led to what he terms "anxiety-genic waiting lists" in all clinics.[1]

At the West Queens Guidance Center, a small child guidance clinic serving a large area in Queens, New York, the staff was deeply concerned about the children and parents who had "sat," so to speak, on its doorstep for one to two years without study or treatment. Motivated by this concern, we sought ways to be of service to these children and families in this period of waiting. Because the resources of the community are pitifully inadequate the waiting families could not obtain help from other agencies. Out of this interest in serving the waiting list, but circumscribed by limited means (both in money and in staff) grew the Waiting List Group, an educational group of parents using the interview method.

The literature shows that some studies have been undertaken to meet similar situations. The work of Peck, Rooney and Miller, and Ginott has shown that the group method applied to the intake process has been an effective tool.[2] Stone and others pointed out the diagnostic values in relatively unscreened groups.[3] Stimulated by such experiences, we planned a simple and economic approach to the perennial problem of the long waiting list.

The mere formation of an educational group of parents is of no special interest. However, several factors in terms of partic-

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[1] George E. Gardner, "Appraising the Contribution of the Mental Hygiene Clinic to Its Community: In Psychiatric Treatment, Training, Research," *American Journal of Orthopsychiatry*, Vol. 21, No. 1 (January 1951), p. 75.

[2] Harris B. Peck, "Application of Group Therapy to the Intake Process," *American Journal of Orthopsychiatry*, Vol. 23, No. 2 (April 1953), p. 338.

Herbert L. Rooney and Alan D. Miller, "A Mental Health Clinic Intake Policy Project," *Mental Hygiene*, Vol. 39, No. 3 (July 1955), pp. 391–405.

Haim G. Ginott, "Group Screening of Parents in a Child Guidance Setting," *International Journal of Group Psychotherapy*, Vol. 6, No. 4 (October 1956), pp. 405–409.

[3] Anthony R. Stone, Morris B. Parloff, and Jerome D. Frank, "The Use of 'Diagnostic' Groups in a Group Therapy Program," *International Journal of Group Psychotherapy*, Vol. 4, No. 3 (July 1954), pp. 274–284.

ular problems and the goals we outlined distinguished this group from others.

First, the group was completely unscreened. There was no material on the families beyond that obtained from an initial and cursory telephone contact and on an application questionnaire in which parents gave statistical data and a brief presentation of complaints about the child. In a few cases a school or physician's report was available.

All the children on the waiting list appeared to have severe emotional and behavioral problems. It was assumed that many of their parents would have serious personality problems and that some could not fit into a group situation. However, prior screening would have necessitated much more expense and time than we were able to devote to the project. In addition, we wished to test out the feasibility of setting up a group without screening.

Second, in terms of particular problems in forming this group, we were faced with the frequently encountered fact that all the parents had applied for help for their children, not themselves. While our experience showed that some parents, to varying degree, expect or wish to be involved in their child's study and treatment, we anticipated that for most parents the focus on them alone would be hard or impossible for them to handle. After long waiting, to be offered limited service for themselves without our seeing the children would meet with resentment.

Third, knowledge of the community indicated that there was, on the part of most of our mothers and fathers, little or no understanding of family interrelationship, little or no understanding of a child's emotional needs, and a likelihood of lack of cooperation, and even sabotage, of the child's treatment. There was serious question, then, if we could draw the parents into a group at all, and if we could, once a group was formed, with the limitations and obstacles described, whether the experience would be worthwhile.

OBJECTIVES OF THE GROUP

The first objective was to give service to the families, to attempt to relieve the stress of the long period of waiting. Translated into the actual experience of the group, the aim was to increase parental understanding of the emotional and behavioral difficulties of their children. There was no attempt to resolve each individual's problems. Emphasis was on family interrelationship, on fostering awareness of emotional needs, on exploring the parents' expectations of themselves and their expectations of their children, on clarifying their role in helping their children.

Another objective was to determine if such a group, limited as it was, could furnish diagnostic material that would later shorten the time usually expended on the intake study of each child and family. Could we determine, from such an experience, who would do well in specific therapeutic groups and who needed individual attention? Could we, on the basis of our group observations, accept or reject families in a shorter period of time than is usually needed to arrive at a family diagnosis? Could the group give us a more realistic appraisal of a parent's need for and accessibility to treatment so that we did not set aside valuable time in an unfruitful pursuit of those whom we could not reach, or those who could not utilize what we had to offer?

Further, we hoped to select out from the list those children who were not eligible for our services at all. We had been concerned that some children, somehow passing through the rough meshes of our initial screening, were not really candidates for our clinic, and were "aging" on our list. We refer here to those children who cannot be treated on an outpatient basis, and to others, such as the intellectually retarded, whom we were not set up to treat.

METHOD

All the 59 families on the waiting list were canvassed for the group. The group was

to be mixed; both husband and wife were offered the opportunity to attend. The initial contact was made with a simple and brief letter in which the parents were invited to come to a meeting to discuss how the center could be of help to them in the period of their waiting.

The group was limited to twelve sessions of one and one-half hours' duration, once weekly. We undertook to form as large a group as possible, since 59 families were waiting for service. In setting up the group, we attempted to reduce costs and staff time to a minimum, to be economic both in terms of money, clerical and treatment time. The total cost of the project, including psychiatric consultation, was approximately five hundred dollars and was financed primarily by a grant from the New York State Department of Mental Hygiene.

While the goal was educational, the interview group technique was employed. Advice and lectures were avoided. The role of the therapist was twofold, to help the parent augment his awareness of his own activities in the family through clarification of his feelings, attitudes, and patterns of behavior, and to observe and record clinical data that would contribute to diagnostic thinking.

FINDINGS AND DISCUSSION

Of the 59 families, parents from 26 responded by attending at least one session. Of these 26, 13 families attended the bulk of the twelve sessions, and constituted the Waiting List Group. Most families were represented by one parent; in a few instances both mother and father came together.

Attempts were made to reach the 33 families who did not respond to the initial letter. Two additional invitations were sent to them, and then a questionnaire to determine the reason for nonattendance. This questionnaire did not have to be signed so the families would not feel that they would be deprived of service if they did not participate in the group. Some of the families had moved out of our district, some no longer felt the need for help, some did not reply, some wished to continue on the list. We thus obtained a more realistic picture of our waiting list.

In the first three sessions there was considerable shifting of population. The parents expressed much doubt and great disappointment about the plan, particularly when they realized that the leader would not lecture, give advice, or offer any panaceas or quick cures. Some, as has been noted, dropped out altogether, and it was not until the third session that we could see the emergence of a core group. Although individual interviews would have been of value in helping some parents to remain, these were not utilized because professional time was limited. Only those parents who were referred to other resources because their children were not eligible for our services were seen individually. In some cases we telephoned, but this was infrequent.

The initial sessions were formal, stilted, anxiety-laden. Over and over again the parents brought out that it was the child alone who had problems. "Tell me what to do about my child" was the theme of these meetings. As the therapist directed the discussion toward recognition of their reactions to each other and to their children, a certain comfort was achieved from the discovery that theirs was not a unique and isolated situation. The commonness of their problems and attitudes fostered interdependence in the group and more ease in expressing themselves.

As the parents began to examine their own roles in the family constellation, they shared their feelings of guilt, self-blame, and disappointment in themselves in not being able to solve their children's problems. The therapist's constant emphasis on the interrelationships in families, the influence one has on the other, rather than on parental blame for a child's difficulties, enabled them to be more free in revealing

their frustrations and feelings of inadequacy.

Always the parents' expressions and attitudes in the group were related to attitudes and behavior at home, to their relationships with their children. In this way, the group, although a limited experience, was an emotionally meaningful one. This is illustrated in the following material from the group.

Mr. and Mrs. T, who came together to an early session, listened for a while to the discussion of how parents are at fault and are to blame for their children's problems. Mrs. T then unleashed a torrent of rage. She said that her teen-age daughter was unmanageable, wanted to work rather than go to school, and was always arguing and fighting with her. Mr. T supported his wife, amplifying her description of their rebellious daughter. In his recounting of their difficulties with her, he revealed that with her first paycheck their daughter had purchased a gift for her mother, which Mrs. T had spurned. The group turned on Mr. and Mrs. T, denounced them strongly for their behavior, and so vehement was the attack that Mr. and Mrs. T were very uncomfortable. The therapist stepped in to help the group to explore the meaning of the girl's behavior. Gradually, the denouncing of the T's subsided and the group worked on the theme of the adolescent's need to assert himself, the adolescent's independent strivings.

In the following session, the group expressed guilt and anxiety over their attack and their fear that they had driven the T's away because they, Mr. and Mrs. T, had not come to this session. Their identification with the T's, their own fears of retaliation for their anger, their anxiety that they, too, would be "driven away," their own relationships to their parents, could not be explored in a group such as ours. But their feelings of anger and their fears were recognized and accepted. Further, they were helped to see that they had reacted as the angry parent to a "bad child," that they frequently did this at home. Thus, they could see their reactions springing not alone from their child's problems but from themselves, too, and they could begin to have some experiential glimmerings of the ramifications of a parent-child relationship.

The group was a source for valuable observations on the interpersonal relationship of husband and wife, making available material about the parents as a couple that we perhaps would not have been able to obtain in the usual intake process. The experience with the B family in the group illustrates this.

Mrs. B, extremely intellectual, verbal, and assertive, hushed her husband's attempts to speak. She considered herself an authority on children, and in the early sessions uttered such remarks as "children are allergic to parents." Mr. B slumped in his seat, obeyed his wife's dictates, and was silent. As the sessions progressed, Mr. B gradually moved away from his wife's side and sat apart from her. In the seventh session, as Mrs. B was holding forth on the necessity of children learning how to live within a budget, describing how strict she was about her son's allowance, Mr. B, now sitting on the opposite side of the room from his wife, spoke up and told how he was slipping his son some extra money now and then. Mrs. B, her icy composure shaken, expressed shock and anger. The group, no longer repelled by her coldness, began to question her, to discuss her child with her, as they had not been able to do before.

With this new involvement in the group, Mrs. B was able to tell of her tremendous concern about her daughter, about whom she had been protective and unwilling to reveal her problems. Mr. B, in the next sessions, expressed resentment of his in-laws, and Mrs. B was then able to bring out similar feelings about her parents. Following this session, Mrs. B, who had previously

demeaned her husband, sought to sit next to him and no longer found it necessary to silence him when he spoke.

With Mrs. B, as with other mothers in the group, the first impression of inflexibility appeared to be modified on further contact. Through the group it was possible to obtain a picture of the B's and an awareness of their accessibility to help that is invaluable in future planning for this family.

Each session of the group produced material about the families that was of great clinical value. We could observe in Mrs. V, for example, who constantly portrayed herself as doing the wrong thing, the sado-masochistic pattern that was the basis of her life. Mr. S, a policeman, told how he would kill his boy if he wanted to become a policeman. In the same session he revealed his fantasy of his father as a punitive, rejecting parent and while he spoke there was prominently displayed his shoulder holster and gun. The parents' unrealistic demands of their children, predicated not on the child's needs and abilities, but on the fulfillment of the parents' own fantasies, were brought out over and over again. Attitudes and behavior to their children, springing from pathological defenses, could be observed. Personality traits readily emerged—the aggressive ones, the passive ones, the seductive, and so on. All these observations could be utilized in evaluating future treatment needs.

As has been noted, the staff was concerned before the group was organized about those parents who might wish to join the group but would not be suitable for such an experience, particularly since the group was unscreened. However, these parents did not constitute a problem. Mrs. C, for example, who appeared in the second session, presented her child's symptoms in such a flat, unemotional manner that the group reacted with unusual silence. The group was manifestly uncomfortable, tried desperately to move to another topic and finally succeeded. Mrs. C persisted in attempting to talk about her child. The leader, aware that Mrs. C's problems could not be handled in the group, was able to help the group to stay with the topic of its choice. The leader arranged to see Mrs. C immediately after this session and learned that both she and her husband had recently been discharged from a mental hospital, that her child had been diagnosed and hospitalized as a schizophrenic, and that the child was presenting behavior that the mother could not handle at home. Immediate referral was undertaken and Mrs. C did not continue in the group. Similarly, when we learned that children were mentally defective, or organically disturbed, suitable referrals were made.

CONCLUSIONS

1. The effectiveness of such a group in meeting the primary objective, service to the waiting families, cannot be definitively evaluated on the basis of this limited experience. Parents who participated expressed feelings of gratitude for the experience and indicated by their verbalizations and behavior that there had been positive changes in their homes. The simple process of sharing their problems, recognizing that they were not unique, gave relief during the period of waiting. This relief may well be transient and temporary.

2. The group was useful as a source for clinical observations, and for diagnostic material. For example, in the case of one child accepted for study after the mother participated in the group, we had far more comprehensive knowledge of the family than we would have from the usual intake process. Even though the father did not participate in the group, both parents were readier than most new families to accept participation in a total family treatment plan.

In our opinion, the staff acquired enough knowledge of the parents who took part in the group to move those who are suitable into vacancies in existing treatment

facilities in the clinic, such as parent therapy groups, even before a comprehensive intake work-up. We have gained valuable material that will enable us to make the most economic use of our time in future planning, both in terms of our parents' needs and our own resources.

3. As we hoped, we have been able to weed out those children who are not eligible for our services and to refer them elsewhere. Thus we do not have children who need other resources "aging" on our list in the expectation that we will be able to accept them. Also, through the letters and questionnaire, we were able to eliminate those families who are not interested in our services or for some reason cannot use them. Thus valuable treatment hours will not be kept open in vain pursuit of families who cannot work with us.

4. The initial emphasis, even in the first letter to the waiting families, was on the participation of both parents. This seemed important, particularly in the social milieu in which our families live. Even when fathers did not come to the group, they were not left out of the discussions, and the presence of some fathers highlighted the importance of the paternal role in the family.

5. We do not claim that there has been basic personality change in the parents of our group. Because of the limitations of the project, many questions cannot be answered, such as, what was the actual effect of our therapeutic effort? What, if any, was our contribution to the health of the family?

Much thought must be applied and much work done to explain certain phenomena that were observed. For example, in the case of Mrs. T, described above, we saw in the beginning a bitter, hostile woman, who projected all responsibility for family difficulty on to her "bad" child. In a later session, she seemed sincere and earnest as she reported her efforts to secure immediate treatment for herself and her daughter. Another mother said, "I learned that I couldn't play God Almighty with my child; when I burst out crying here, I saw that I was smothering him, now I can admit it." There were many such examples.

Not all the changes were as dramatic as these, but we did see improvement to varying degree in most parents who participated. While it is not possible for us to evaluate the dynamics of these changes, we may speculate that even with such seriously disturbed individuals as those who took part in our group, appealing to the so-called healthy or non-neurotic aspects of their ego functioning does have positive effect. We may further speculate that perhaps even superficial insight can constructively interrupt a pathologic equilibrium that has been in effect for some time. Such speculations and other considerations (e.g., Who can be helped through this limited educational method? Is this help transitory or long-lasting?) are important enough to warrant a project of much greater scope than this which would then make possible follow-up of the families who participate.

In conclusion, it should be noted that while there has been some work and experimentation with the group method in relation to the intake process, clinics need to explore more fully various means to reach the children and parents on their waiting lists. When families have been waiting one to two years for treatment, new tools and methods are called for to help them during the period of waiting.

BY ARTHUR K. YOUNG

Counseling with Emotionally Disturbed Adolescents

ADOLESCENCE, THOUGH FUNDAMENTALLY a physiological and psychological stage in the individual's development, has a huge social and cultural overlay. A great deal has been written about its prolongation but without awareness of how recent this phenomenon is. Dr. Luella Cole points out, in the foreword to her admirable book, that little more than half a century ago there was not one free public high school in the Borough of Manhattan.[1] The vast majority of children left school at 14, served some kind of apprenticeship for a couple of years, and were usually self-supporting by the age of 17.

Comparing this with the experience of adolescents today, particularly those of the middle classes, we can appreciate, first, that we are in the midst of a social change of sizable proportions and, further, that our society has barely begun to evolve the new attitudes and structures with which to contain this transition. Here and there the young people themselves devise ways of dealing with it. It is becoming a commonplace on the campus, for example, for a young couple to marry and for the husband to pursue his graduate work while the wife temporarily becomes the breadwinner. In this way they bridge the gap between dependence on the parents and establishment of the independent family our culture approves and needs. Even parents are coming to accept it as a reasonable response to the increasing disparity between sexual and economic maturity.

In general, however, adolescents are in a confusing position which cannot be attributed to developmental factors alone. In the area of sex, they are made sex-conscious at an early age by the world around them; in the economic sphere, material acquisitions are emphasized; but fulfillment must be postponed. Despite the many opportunities for creative activity which our culture offers, the adolescent is almost powerless to affect this "betwixt-and-between" state. If we can see that much of what we observe in adolescents is specific to today's urbanized, middle-class society and that our society makes for divided adolescents, as social workers we may be able to give our young clients the benefit of our increased capacity to distinguish between the individual and the social.

If we think of emotional maturity as a continuing process of establishing individual identity, then even under normal circumstances the adolescent faces a unique dilemma. In order to leave the dependency of childhood, he must become more like the adults around him, only to find that this, too, is a threat to individuality—and at a time when the ego is still relatively fluid and amorphous. His way of solving this dilemma is perfectly natural: he seeks allies and joins a kind of subculture of those who face similar problems. For a time he relinquishes part of his individuality to the group, but is amply compensated by the sense of self which he gains. His

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[1] Luella Cole, *Psychology of Adolescence* (New York: Rinehart & Company, Inc., 1953).

manner of dress, his interests, even his language are dictated and also sanctioned by this group identification.

With this in mind, the so-called "adolescent rebellion" may be seen in a different light. It is not a need to rebel as such, but a need to protect and to incubate the new self until it is strong enough to be on its own. Movement toward differentiation takes place in every adolescent, and adults cannot check it completely, no matter how hard they try. Adults can, however, influence the manner in which this movement is expressed, that is, whether it will assert itself constructively and creatively, or whether, if the adolescent is to become an individual at all, it will have to come out negatively and destructively.

Clearly, this is not the whole story, since adolescence cannot be separated from innate capacities and total life experience. But while we certainly want to understand the adolescent's development over the years, we need to be sensitive to influences that are being exerted at the moment, especially those which, by disturbing the normal process of differentiation and establishment of a worth-while self-image, nullify the real meaning of adolescence.

A high proportion of the adolescents who come to an agency are disturbed adolescents who were once disturbed children and will almost certainly become disturbed adults unless they are helped. They have been traumatized by unwholesome, neurotic relationships with their parents and might validly have been brought for help at almost any time in their young lives. They have been reared in a consistent state of emotional impoverishment or extreme tension and have been subjected to so much neglect or pressure to conform that they are unable to define themselves as individuals. They struggle in the vain and irrational hope that struggle itself will solve their problems by forcing either the self or the world to conform.

If one thinks in terms of broad patterns of pathology, such a description could also apply to younger children or adults. The facts of adolescence, however, make for a significant difference in the way the pathology is expressed and, therefore, in the orientation of the helping person. In the case of young children who need a great deal of parental support, one necessarily works intensively with the parents and the prognosis is scaled to the latter's ability to provide an environment conducive to growth. In dealing with adults, as in marital counseling, the goals apply not only to the individual client, but also to the spouse. The adolescent, however, requires less from his environment than the younger child and is required to give less to it than the adult. The corollary is that, even in a family agency, work with adolescents can focus more on individual needs than work with either young children or married adults.

This observation is further substantiated by a striking pattern one soon notices in working with seriously disturbed adolescents. Whereas they themselves are usually most rewarding clients, the opposite is frequently true of their parents. This is likely to be so regardless of one's approach; that is, whether help is directed toward the total personality of the parent or toward the problems caused by the disturbed behavior of the child.

TREATMENT WITHOUT PARENTS

At Jewish Community Services of Long Island in the past three years there have been many instances in which the psychiatrist or social worker, in evaluating treatment and projecting future possibilities for some 200 adolescents and their parents, was forced to conclude that further treatment would not bring appreciable results until such time as the adolescent could live apart from his parents. Often the helping person may count himself and his young client lucky if he can cause even a temporary moderation of the grosser distortions in the parental attitudes.

The reason for this has already been

implied. By and large, the really disturbed adolescent needed help years before it was made available to him, which certainly says something of importance about the nature of the parent-child relationship and about the chances of successfully treating such an adolescent by focusing on improving the relationship with his parents. When the latter is feasible, as it sometimes is, the task is relatively easy. But since it is not feasible in many cases, the helping person must give serious thought to separating the adolescent from his family—psychologically, if possible, but physically, if necessary.

Fortunately, there is another side to the picture. If we agree that the adolescent is now in a position to establish his own self-concept, we are in possession of a tool that is not available with younger children and the task becomes clearer. Our job is to support and even to affirm the adolescent's need to behave like an adolescent, to grope and fumble, to have plans and whims which differ from those of his parents, and to arrive at a sense of his own capacities apart from the destructive evaluation he has derived from them. Sometimes this involves an upward revision of the self-image, sometimes downward, sometimes it involves both at the same time. Whatever the actual process, the point is that it *can* have a fruitful outcome because, in contrast with younger children, the adolescent generally knows he is in conflict, either in an inner sense or with respect to social institutions, such as family and school.

The direction this suggests sounds easy on the face of it, but it is not. Social workers, as well as parents, find it a problem to live with the doubtful and the unsettled and work with adolescents often brings out our own unresolved biases and conflicts. Unconsciously, workers often tend to overidentify with the disturbed adolescent, who has suffered greatly and is certainly in need of sympathy, or, more often, to represent cultural expectations with which he cannot cope.

There is also the tendency to assume that our own class values—usually middle class—are the only ones worth striving for. The result is often a strong but subtle pressure on the adolescent to internalize goals which reflect our own ideas, not his. After all, we feel, there is so much to do and so little time left in which to do it. But yielding to this kind of feeling can only defeat our purpose by creating in the worker-client relationship precisely the kind of pressure that made for emotional disturbance in the first place.

Let us turn now to the case of a disturbed adolescent which illustrates these generalizations.

A DIVIDED ADOLESCENT

Alvin Cohen was just past 15 when his mother, Mrs. Gold, applied to the agency. He was extremely difficult to live with, an argumentative, moody boy who had practically no friends, had failed every term at school, could not get along with his teachers or classmates, and spent almost all his free time either day-dreaming or working on scientific experiments which were his hobby. Mrs. Gold herself was an extremely disturbed woman who had for years been subject to periods of severe agitation and depression, and was now barely holding herself together. After 20 years of a marriage beset by economic hardship and marital disharmony, she had divorced Alvin's father. This occurred about five years before they came to the agency. Two years after the divorce, she had remarried, only to become a widow a year later.

Mr. Cohen, who was in frequent contact with Alvin and his former wife, was a man with minimal resources. Though well-meaning and friendly, he was weak, ineffectual, and almost entirely without intellectual interests. Whatever his capacities might once have been, he had obviously given them up years before. Now he was utterly bewildered by Alvin's demand for something more than tired tolerance.

Inevitably, Alvin's life reflected the disintegration of his family. He had had hardly two years of consecutive living with both parents. During his mother's frequent illnesses, he had been farmed out to relatives for varying periods, even as an infant. A report from a psychiatric clinic to which Mrs. Gold had taken him when he was five indicated only too well that he was practically predestined to emotional disturbance. Despite his low level of functioning, the clinic considered him basically an alert, friendly child, whose disturbance was "easily explained by his 'nervous' environment." Recommendations of placement for Alvin and treatment for Mrs. Gold were flatly rejected by her, and their stormy relationship continued, punctuated by periods in which she was quite unable to function.

When I first saw him, Alvin was a chubby, baby-faced lad, quite good-looking except for his deadpan expression. After an initial period of reticence, he spoke freely and with good choice of words, but with noticeable infantilisms. In the early interviews the minutest scrutiny failed to reveal a single area of life that gave him satisfaction. Even his scientific interests were pursued with such desperation and so much overinvestment that they often resulted in frustration and self-depreciation.

Alvin came to the first interview willingly and opened it by handing me the following letter:

Dear Mr. Young,

I really can't say this to you directly so I am writing this letter. I have no friends except for one, Arthur B. Since my father is not living with me, I have to depend on my mother to answer all my problems. But now I feel I have a problem which my mother is not fit to answer. I feel free to talk only to my friend, and he recommended seeing you.

Having no friends, I have resulted [sic] to immoral tactics. I haven't had any association with a girl, nor have I petted any girl. But I have had to satisfy my moral needs by practicing on myself an immoral habit. The sensation received was a perfect substitute for the loss of friends so I thought.

Now this habit has gone beyond my control and I cannot stop. My school work has suffered and I feel down in the dumps. I would rather that you wouldn't mention this to my parents, for I fear they would not understand. Is there something that you can recommend to help me? Turning the matter into your hands and hoping for a quick solution, I remain,

Sincerely yours,

Alvin Cohen

Beginning with what he had said in the letter, I hastened to reassure him about his masturbation. Somewhat to my surprise, he got the "quick solution" he had asked for, and hardly a month later told me rather casually that he was no longer worried about it and that it was no longer beyond his control.

During this early period I encouraged him to let me know him from *his* point of view. He had never had a relationship with an adequate male and looked on his father with contempt. His mother left him utterly confused—he felt powerfully obligated to her, but simply could not cope with her perplexing pattern of alternately pushing him away and binding him to her. He himself vacillated between grandiose ideas of becoming the Super Scientist and feelings of utter worthlessness and incapacity. He attributed his sense of difference from other boys to his parents' divorce, made much of the fact that he and his mother had different surnames, and thought that if only his parents would remarry each other, his problems would be solved. Characteristically, his idea of achieving a better future was to recreate the very situation that was so bound up with his illness.

Recognizing after a few interviews with her that Mrs. Gold was neither interested

in nor accessible to help, I put my emphasis on efforts to clarify with Alvin what he was seeking and to differentiate myself from his father and mother, who represented, respectively, abject submission and aimless struggle. His eagerness to work with me without his parents' participation was in itself a positive indication. He concentrated at first on his difficulties in school and in his social relationships, both of which led naturally to my suggesting psychological evaluation.

The testing resulted in a diagnosis of an incipient "chronic, undifferentiated schizophrenic condition" in a boy of excellent native capacity, manifested by bizarre ideation, impairment of thinking ability, disturbance of concentration, and impulsive disregard of the facts of everyday life—in short, a fragmented boy who needed, above all else, to achieve a sense of wholeness.

My activity during the ensuing weeks was based on the following evaluation: (1) He needed help on an immediate level with his problems in school, in choosing a career, and in understanding his own capacities; (2) he needed to get from me what he could not get from his parents—a relationship combining warmth and comfort with strength and interest; and (3) as a deeply split human being, he needed someone who would take on the role of "assistant ego" and would represent, for the time being, the part of his personality that was all but missing—the ability to organize and integrate.

With this kind of approach, which met him as a confused adolescent, a deprived child, and a split human being, Alvin intuitively recognized my offer of something completely new in his experience. Soon after, when the agency helped his mother to commit herself to a mental hospital, he had someone on whom he could depend and was able to spend the months she was away to "come out from under," so to speak, to find friends, to make overtures to girls, to decide on a definite curriculum in school, and to translate into action his realization that his thoughts, feelings, and behavior had always been destructively influenced by his mother's confusing demands.

When she returned from the hospital, and he once more experienced her domination, he figuratively thirsted for independence, and, buoyed up by the success he had achieved during her absence, spent the summer away from her working at a resort. Once again, albeit with periods of discouragement and struggle, he found the wherewithal to measure up socially and on a job.

Up to now, I had largely avoided an interpretive or probing approach. The few times I had put out feelers in these directions, he had disregarded them, and he was right in doing so, for he needed a process of synthesis, of bringing together, rather than one which, by separating out his motives and feelings, could only have served to divide him further. But upon his return to the city, he was concerned with two related trends—understanding his mother and differentiating himself from her.

The content of the interviews changed. He turned to me to support him as he tested both inner and outer reality, used our relationship to break away from total dependence on his mother, and in doing so, began to assert his own self-appraisal and self-expectation. The cultural pressure to achieve, formerly felt as such a crushing force, was no longer so heavy. As he put it: "Things are beginning to add up now, and I can see that there are other ways out." By this he meant that, understanding the connection between his past and his present, he was in a position to choose among realistic alternatives. Until now, he had been the creature of grandiose expectations to surmount the incredible indignities that had been his lot.

His failure to do so, he had interpreted as intrinsic inadequacy. Now, as he experienced release from feelings of guilt and obligation which had defied explanation, he was able to resist his mother's efforts to

take up where she had left off. This, it seemed to both of us, was the crucial test—knowing that he could live with her under the same roof and still hold to his own self was ample proof that it had become an integral part of him.

CASE OF LEWIS

It is readily apparent that the impact of cultural forces is felt most strongly—and, unfortunately, most negatively—by those who are in the least advantageous position within the culture. In our society, this is true of the Negro, and in working with Negroes we do, indeed, find that they face such an extremely complicated configuration of cultural influences as to tax the capacity of the most adequate.

Thus, the normal difficulties are further compounded for the Negro adolescent, who must find some way of achieving wholeness within two exceedingly divisive contexts—the conflictual demands of both the total culture and his own subculture. The structure of the Negro family, like that of other families, takes myriad forms, but almost invariably one sees evidence of struggle to harmonize two opposing demands: on the one hand, to measure up to white standards; on the other, to exemplify the white stereotype of the Negro as intrinsically inadequate.

The struggle usually takes either of the following forms: (1) The parents have given up and seek to impose their defeatist attitudes on a child who has the endowment and the will to fulfill himself more creatively; or (2) the parents, seeking to overcome the bitter fruits of discrimination, find their ambitions thwarted by the influence on their children of the neighborhood and the peer group.

This may be illustrated in the case of Lewis Hall who was referred to the agency at the age of 12 by the New York City Youth Board. The accompanying summary described him as a youngster who was alternately withdrawn and aggressive, who got along poorly with parents and siblings, associated with unsavory companions, was failing and a disruptive influence in school, had no apparent sense of guilt, and complained always that he was being "picked on" by everyone.

Lewis' parents symbolized his dilemma. His mother was a bright, capable woman whose bountiful resources enabled her to run a business and a home, give active leadership to her community, and derive enjoyment from her artistic talents. Mr. Hall, though intelligent and hard working, seemed satisfied with an unskilled job that was utterly lacking in opportunity for advancement. Though outwardly accepting of his wife's position of dominance in the family, he would from time to time show his real feelings by excessive drinking and by deriding her hopes and efforts.

When Lewis first came to the agency—confused, suspicious, angry, and obviously under duress—he looked on me as only the latest in a series of adults who had tried to do something *to* him, rather than *for* him. During the first few months of our long contact, he spent much of his time ignoring me and reading comic books, occasionally deigning to recognize my presence by playing dominoes with me.

That Lewis had worth-while capacities was demonstrated not only by my own impressions of him, but also by psychological testing. From the standpoint of individual pathology, he was certainly an emotionally disturbed child, almost devoid of the capacity to relate positively to adults, who had internalized the opposing attitudes of his parents. It seemed at least equally important, however, to recognize that he was responding—as, indeed, his parents were—to the cultural milieu and that while the psychologist's evaluation of him as "exhibiting psychopathic tendencies" and "functioning below capacity" was certainly valid, it was itself a judgment that had cultural origins. In Lewis' context, such a concept had little meaning, for he performed well up to capacity in the kind of functioning he chose to engage in.

Until he was almost 14, there was little indication that Lewis was making any use of our relationship, aside from keeping most of his appointments and even this was largely attributable to his mother's insistence. With the onset of puberty and with the gradual recognition of my difference from the other adults he had known, he began to take more personal responsibility both for breaking and keeping his appointments and for spontaneous expression of his resentment and confusion. The latter was epitomized in his statement to his mother: "The trouble is you're trying to bring me up like a white child."

Though I was never able to help the parents improve their own relationship, and succeeded only in promoting a more "neutral," less manipulative attitude toward Lewis, this was enough to free him to use what I offered: basically, a relationship with an adult around whom he could reorganize himself apart from the pressures of parents, school, and neighborhood, and with whom he could arrive at values arising from his own desires and capacities. Recognizing that his sense of inadequacy had its source in the taken-for-granted biases of his environment, he became less impulsive and more realistic in his choices. This was exemplified by his improvement in school and by his considered decision that, since he could not be a college man and would not be an errand boy, he would work toward becoming a skilled mechanic.

CONCLUSION

In the cases of Alvin and Lewis we find emotional disturbance in which both the divisive influences of our culture and the unifying forces, biologically based, of adolescence are important facts. While we cannot say in either case that a process has been completed, we can perhaps agree that the danger of schizophrenic adjustment in the one case and of psychopathic adjustment in the other has been lessened, and that something therapeutically valuable occurred which stemmed in large measure from the counselor's recognition of the influence of cultural expectations.

With both boys, the adolescent "tone" of their situations was indicated in the struggle with sexuality, the awareness of conflict with external forces, the wish to separate from the parents, the striving for independent relationships, and the confused response to divisive cultural elements.

Even disturbed adolescents with deficient capacity for reality-testing are well aware of cultural expectations to "amount to something." At best, therefore, there is little point in bringing such factors home to them; at worst, it puts the counselor on the side of the very forces in their lives which have been most oppressive. While we certainly want to help them live in the real world, we achieve our purpose, not by hammering away at what the world demands, but by recognizing their individuality and their right to find their own relation to social forces.

We see, too, the sense of dividedness, of conflict between acceptance of the parental image and the struggle to achieve identity. Though the real self was all but buried by unwholesome life experience and the immediate reality of distorted parental attitudes, each of these boys clung with awesome tenacity to his right to create a self of his own.

Supported by a relationship with an adult who can respect this right, their struggle to separate need not take the form of rebellion in either a destructive or self-destructive sense. But separation there must be in our individualistic culture and our ability to help the disturbed adolescent move away from his disturbing family psychologically and view his parents in sounder perspective is the key to the process. In that way, we further the dual purpose of supporting his movement toward maturation and preparing him for his place in today's world.

BY WALTER C. HART

Use of a Clinical Psychologist in a Casework Agency

THIS ARTICLE DESCRIBES the use of a psychologist administering tests and other measurements by a community family service agency to evaluate the personality dynamics in client behavior as an aid to caseworkers in making decisions at intake, in initial planning, and for treatment in continuing cases. The agency problems which led to this and the manner in which the services of the psychologist were utilized are directly related.

The Family Counseling Service of the Volunteers of America, a nonsectarian community family agency, is responsible for service in approximately one-third of Los Angeles city proper, covering a population of about 600,000. The service also extends help to certain clients coming to other departments or facilities of the overall agency.

Even though the population of Los Angeles has doubled since 1940, because of the shortage of community chest funds, the small casework staff of the Family Counseling Service has remained almost the same in size. Therefore, in order to maintain the quality of casework, the service has had to insist upon the most careful screening of applicants at intake. This has included interviews to determine the accessibility of clients for casework treatment—the usual purpose for intake procedures. However, added to this was the need for decreasing the number of interviews during intake as well as for finding some way to shorten the number of contacts on cases accepted for continuing care. New clients, many coming on the recommendation of former clients, vied for the first open appointment time.

It was realized that the pressure to provide more clients with service could affect the quality of the casework performed by overloading the individual caseworker with clients. Thus methods had to be found to maintain the quality of the casework yet make the service of the agency available to more clients.

One of the first efforts in the direction of maintaining the quality of the casework occurred some years ago when the Family Counseling Service retained two psychiatrists as regular consultants. It appeared, however, that an increase in psychiatric consultation alone would not fully meet the difficult problems presented by the many cases applying for service.

The staff, therefore, became concerned with finding other methods for help. In the further analysis of the case load it was becoming clear that requests for casework were coming in growing numbers from clients who could have initially applied to a clinic for care. Some obviously were in need of referral to clinics and were, in most cases, advised to make application for this type of service. However, some of the clients who could have gone initially to a

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clinic were accepted for casework help because it seemed the treatment of choice.

Some of the staff had had experience working with psychologists in psychiatric hospitals, child guidance, and all-purpose clinics, in personnel and in vocational guidance. The contributions and limitations of psychology in those settings and in relation to collaboration with their staffs were discussed. At a general meeting with one of the psychiatric consultants on this problem, it was agreed that additional data on certain cases which could be obtained from psychological studies of clients might be useful to supplement the caseworker's observation. It was felt that perhaps quicker and more accurate diagnostic and treatment evaluations might result in these cases. It was emphasized that the collaboration of psychologists had proved of value in psychiatric clinics and in other settings where their services are taken for granted.

Following further exploration, a psychologist was retained who could come to the agency at a regular time and who not only had agency experience, but also had worked with both children and adults. Prior to the inauguration of the new service, there were staff meetings which included the psychologist to discuss the criterion for referral and the method of advising the clients of this service. Clients who could afford to pay in full or in part for the psychologist's services were asked to pay in the same manner in which they pay for casework services. The arrangement with the psychologist provided service at a regular time once a week.

PRIOR TO PSYCHIATRIC CONSULTATION

With respect to the use of psychological studies in connection with the psychiatric consultation, after two and one-half years both the psychiatrists and the casework staff felt that the psychological studies were valuable and should be continued as a regular service for the agency's clients.

In the case of the S family, the psychological studies were made during the intake process, and before the psychiatric consultation.

Mrs. S initially asked for help with her 10-year-old son, Richard. He wanted to remain home from school, was insulting and flippant, and frequently exhibited anger toward others. Mrs. S also emphasized that he had a poor relationship with his father.

During the latter part of the first interview, she told of her two separations from her husband. While they were together once again, she now complained that he showed her and Richard no affection. She felt that he was "too intellectually wrapped-up" with his work as a physicist. She admitted that he in turn frequently accused her of undue leniency and overprotection in attitudes toward Richard. She felt that Richard was treated by him like a sibling, and her husband acted as if she "were his mother."

Mrs. S described her own mother as a "martyr type," and as being cruel and sadistic. She said her father "refused to accept reality." He favored her younger sister toward whom Mrs. S felt hostile. She did not get along with her two young brothers, and did not like to talk about them.

In the process of the interview, Mrs. S got away from her discussions of Richard and talked about the futility of a permanent separation from her husband. Nevertheless, she felt she should think of separation and take some training herself for a business career. But she returned again to discussion of Richard, saying that if she were to take training, she might neglect the attention Richard needed.

At the end of the third interview, there appeared to be a question whether the case should be accepted because of apparent deep-seated emotional difficulty Mrs. S presented, and unwillingness to discuss her own difficulties in a realistic manner. (While efforts were made to see Mr. S, these failed because he "saw no need for counseling.")

She attempted to avoid further dis-

cussion of her own problem and insisted on the caseworker's counseling with Richard. For these reasons it was decided to do psychological studies for Richard and his mother. These studies showed that Mrs. S had an intellectual capacity bordering on superior, but her intellectual efficiency was quite low. There was further indication that she could not deal with everyday problems effectively and intellectualized as a defense. Her inner resources appeared meager and insight almost completely lacking. Her ego strength seemed weak and there appeared to be poor capacity for object relationship. She was thought to be a very dependent person with strong needs for affection. The psychologist felt that therapy would be difficult unless her defenses could be broken through.

On the other hand, the psychological studies of Richard showed him to be not only of superior intelligence, but of superior intellectual functioning which made him able to deal effectively with everyday practical problems. His ego strength was good and he seemed to have the potential for a good emotional adjustment, and the ability to develop good personal relationships. He also had a strong need for affection which centered around his chief problem of adjustment, his relationship to his parents, primarily his mother. There appeared to be indications of parental rejection in his early life and some need to identify with a strong masculine figure.

Following the psychological studies, a psychiatric consultation was held. The psychiatrist felt that the main problem was with Mrs. S and not Richard. He suggested an attempt be made to break through her defenses gradually so that she might develop some awareness of and focus on the reasons for her behavior. It was further suggested that, if these efforts met with some success, she should be encouraged to take training for business, which would develop in her a sense of independence. The psychiatrist then recommended against casework with Richard.

After the consultation, the caseworker carefully explained to Mrs. S her need to continue counseling alone. She accepted this recommendation on a tentative basis, following which a stronger relationship was established with her. Some nine months later, after Mrs. S had worked almost exclusively on her marital problems relating to her own personality, she terminated by agreement with the agency. By that time, she had finished her training and had obtained a position. She reported that her marital difficulties did not bother her to the extent that they had before. She said that Richard now had a better relationship with his father and herself and that he was more accepting toward school.

In this case, the material obtained by the caseworker in the intake interview, plus the findings during the psychological studies, assisted the psychiatrist in determining that casework should be focused on Mrs. S, and that there was a possibility of her gradually developing understanding of herself. The psychological studies directly assisted in ruling out the necessity for seeing Richard. It was felt by the staff that subsequent interviews were more fruitful, and questions concerning whether Mrs. S could develop insight were eliminated. From the agency standpoint, much time was saved in not seeing Richard. It is conceivable that had there not been psychological studies before the psychiatric consultation, the psychiatrist might have recommended that the case not be accepted, or that work would have started with Richard, and his mother seen only occasionally. "Sometimes the caseworker's failure to give genuine consideration to the parents' feelings arises from the very desperation of the parents' request for help with the child. The caseworker can easily become absorbed with the necessity . . . for something to be done . . . and may over-concentrate on the problem of the child . . . [this] often results in lack of progress."[1] In other words, these

[1] Alice W. Barauck, Lorna C. Brangwin, and Jeanne E. Hamilton, "Casework for Troubled Parents," *Social Casework*, Vol. 31, No. 3 (March 1950), p. 114.

two consultants helped in a borderline situation by establishing that Mrs. S did have some ego strengths and could, through her need for affection, work in a meaningful relationship with the caseworker. The working through of her own personal problems and attitudes toward her marriage helped improve her feelings toward Richard and assisted him in getting along better with his father.

AFTER PSYCHIATRIC CONSULTATION

In the R case there is an example of a psychological evaluation occurring after the psychiatric consultation.

> Mrs. R was referred by the Juvenile Police because her 14-year-old son, Harry, was involved in an unsuccessful sex assault on a four-year-old girl. Harry had not done well in school. Until recently, he also had enuresis which had been quite a problem at home.
>
> Harry's father left Mrs. R during the boy's first year. He was placed by Mrs. R in several boarding homes while she worked, until she married her present husband when Harry was 4 years old. Although Harry had an older stepbrother and got along well with him, he preferred to play with younger children. Mrs. R reported that she, too, had come from a "broken home" but she was resistant to any discussion about her problems. She felt defensive about Harry, and indicated that she thought the police had "picked on" her son. She claimed to be quite busy in her office job. Harry's stepfather, who was seen once by the caseworker, seemed to have a good relationship with Harry. He was holding two jobs and was unable to give the two boys much attention.
>
> Following two interviews with the mother, several interviews were attempted with Harry to see if he was more amenable to casework than his mother. Because Harry missed a few appointments, and when seen only discussed job possibilities and practical plans in school, there was a question as to whether he, too, could profit from further casework.
>
> At this point, three months after the referral, a psychiatric consultation was held. The psychiatrist felt that Harry was a passive, dependent type with underlying hostility which, if not controlled, could lead to schizophrenia. There was a question in the psychiatrist's mind as to whether Harry was mentally dull. School reports on this point were ambiguous. It was suggested, therefore, that psychological studies be made to investigate this possibility. In the meantime, it was recommended that casework treatment of Harry be continued, even if appointments were irregular, and that efforts be made to develop with him further his expectations toward school work and life in general. Because his mother appeared to be a compulsive person, it was suggested that further work directly with her be discontinued temporarily.
>
> The psychological studies following the consultation placed Harry in the dull-normal range of intelligence. However, because of the score range and scatter, other studies than for intelligence were done. It appeared that his visual perception, motor ability, and temporal as well as spatial concepts were above average. The psychologist felt that these latter findings might be considered of importance in educational and vocational plans for Harry. It was recommended that discussions center around these possibilities in the approach to him.
>
> A return to the psychiatrist with the findings of the psychologist occurred thereafter. It was recommended that these findings be interpreted carefully to his stepfather and mother, and that the caseworker elicit interest and support from Harry's school teachers in developing further educational and vocational plans for him.
>
> After some further work with Harry, and an occasional interview with his mother, Harry was encouraged to obtain part-time work and training along shop-course lines. Mrs. R appeared more understanding of Harry and the school reported later that he was doing well in his vocational courses and making a good adjustment there. There were intermit-

tent contacts with either the mother or Harry over a period of a year and a half, during which time there was no further report of any delinquencies by Harry, and finally the contact with the family was terminated.

In the R case, at the time of the psychiatric consultation, the determination of Harry's level of intelligence was desired. The psychological studies showed that he was dull mentally as far as general intelligence was concerned, but that he seemed to have other potentialities. Upon the second psychiatric consultation, the tentative treatment plan for Harry was recommended as a continuing one when more definite information about his possibilities was made available. The psychiatrist did not feel that it was necessary to work with Harry's parents except to interpret his limitations and possibilities. Thus, instead of the case being closed when it appeared that Mrs. R was not interested in counseling for herself and efforts not directed to Harry because of his unwillingness to discuss anything but practical matters, these apparent negatives were turned into positive dynamics for further casework with the family. In contrast with the S case where the psychological studies helped determine the need to work directly with the mother, in the R case, tests only of the child assisted in implementing the psychiatrist's recommendation to work with the boy directly.

VOCATIONAL PLANS

There have been some reports of the use of vocational counseling in relation to the needs of clients coming to social agencies. These reports cover the use of vocational services outside a social agency.[2] The advantages, however, of integrating vocational counseling service for a few select clients within the service of the family agency has not received much discussion.

Mr. F was referred from a community vocational and employment agency to the Family Counseling Service because it was felt his problem was a personality one rather than vocational. Mr. F, now unattached, 31 years of age, divorced, and having no children, complained of loneliness. He had mild depressions, and much inability to sustain employment on one job, and an uncontrollable desire to move from one city to another. His reports of several minor injuries in accidents raised the question of accident-proneness. Some medical information reported by him also appeared to indicate somatic complaints of a nonorganic nature.

Mr. F's parents died when he was 4 years old, and he was raised by his paternal grandparents. His grandmother was unusually demanding and overly strict. His siblings left home early, and Mr. F, at the age of 14, during an illness of his grandmother, was expected to do all the housework. Nevertheless, he completed high school. He had many short jobs since graduation, most in the wholesale food distribution business. In his interviews with the caseworker, he was excessively talkative, seemed to be under much emotional tension, and desired much reassurance that his past unhappy experience would not affect his future possibilities.

A psychiatric consultation about Mr. F was held after the third interview to discuss whether the case should be accepted. The psychiatrist felt that there were indications of a basic narcissism. However, because of his ease at obtaining new employment, there was a question as to how dependent he really was. It was suggested that Mr. F might be helped through a "covering technique" which could assist him to leave the past and work instead on reality problems. The psychiatrist felt that this type of treatment would be indicated only if his ego strengths were sufficient. Therefore, he suggested that before this plan was followed, psychological studies be made to determine Mr. F's ability to deal with such reality problems as those of employment in relation to his vocational potentialities.

[2] Saul Hofstein, "Co-operation Between Social Work and Vocational Guidance," *Social Casework*, Vol. 31, No. 10 (December 1950), pp. 423–429.

Subsequently, psychological studies disclosed that Mr. F had been attempting to handle his affective anxieties by introspective efforts although he lacked insight. There appeared to be a low level of ego functioning. He seemed to have high average intelligence, but a low level of efficiency caused by the conflicts within his personality. Nevertheless, his ties to reality seemed adequate, although his level of aspiration was too high for his productive resources. He possessed better verbal intelligence than nonverbal, had high interest in the "personal-social" field in relation to service occupations, where the element of persuasion was important and contact with people involved.

It was recommended that planning in relation to his personality and vocational possibilities be made with these findings in mind and in a vocation not requiring originality, careful planning, or professional skill.

With the suggested treatment plan of the psychiatrist, and the psychological studies in mind, Mr. F's case was accepted. He was seen intermittently for three or four months and occasionally for a year. The worker, while listening to his problems and some discussion of the past, attempted to focus on day-to-day matters, such as his living conditions, relations with friends, and employment. He stayed in the wholesale food field for a while, holding several different jobs, while obtaining some training for work in a dry goods chain concern. When last seen, he reported that he had finished his training and was working in a suburb for the chain store company. He seemed much less concerned about his past experiences and reported no feelings of loneliness or of depression.

The F case illustrates the use of psychological studies to ascertain the relationship between Mr. F's personality problems and his vocational possibilities. His return to the source of referral, a community vocational and employment agency, was not indicated. That agency did not feel it could help him because of his personality difficulty. While the caseworker did have some interviews with him around his personality problems, these were limited after the psychiatric consultations and psychological studies. In this connection Lucille Austin has stated that "First, much casework time is wasted because the treatment is not only non-specific but actually lends itself to feeding the illness. . . . Second, the counter-transference problems of the worker often lead him into an unconscious secret alliance with the client. . . . Third, actual destructive results occur when treatment is not based on a diagnosis that takes into account the way the individual defends himself against further breakdown." [3] The emphasis was then placed upon reality matters, particularly on Mr. F's potentialities for greater occupational achievement. Incidentally, a by-product of the use of the psychological studies developed in that Mr. F felt more secure after the psychologist carefully explained his possibilities, and this helped the caseworker in an effort to guide him away from his past troubles and the accompanying feelings.

On this point Dr. Marmor has said, ". . . how one actually determines, in practice, whether an individual belongs primarily in the sphere of the caseworker, whether he falls into the larger intermediate group in which either a trained caseworker or the psychiatrist can be helpful, or whether he belongs primarily in the sphere of the psychiatrist [essentially] . . . is a question of evaluating the ego strengths of the client . . . some of the diagnostic clues that we can utilize are the degree of discrepancy between the patient's aspirations and his achievements . . ." [4] The Family Counseling Service was not providing, through the psychologist, the services of a vocational or an employment agency, but more effectively enabled Mr. F to integrate his personality, using in part the vocational plans as a

[3] Lucille N. Austin, "Relationships Between Family Agencies and Mental Health Clinics," *Social Casework*, Vol. 36, No. 2 (February 1955), p. 62.

[4] Judd Marmor, M.D., "Indications for Psychiatric Therapy or Social Casework," *Social Casework*, Vol. 36, No. 2 (February 1955), p. 62.

point of focus, which would, it was hoped, assist him to a happier total adjustment.

STUDY WITHOUT PSYCHIATRIC CONSULTATION

A less expected value of the psychological studies was found in their use alone without psychiatric consultation both to substantiate the caseworker's impressions and to encourage a client to accept them.

Mrs. J applied for help with her 9-year-old son, George. She was married a second time; her husband of the former marriage was George's father. The father, she related, never agreed to her obtaining the custody of George and his two younger siblings. She reported that since her second marriage, when he visited George or wrote to him, the father made efforts to "turn him against me." She felt that George was so upset emotionally over this that whenever he did not have his own way at home, this caused him to threaten to leave and live with his father. Mrs. J feared that he was developing a deep-seated emotional problem, and particularly because the boy had witnessed many scenes of violence during her former marriage to his father.

Mrs. J was seen by the caseworker for three interviews. An effort was made to alleviate her feelings about the conflicting marital situation, but with very limited results. Mrs. J insisted that George was now the problem and that efforts in counseling should be directed to him. The caseworker was of the opinion that most of the difficulty was around Mrs. J's feelings toward her former husband, but agreed to arrange for psychological studies of George. These studies indicated that George was of average intelligence. He did not seem to be traumatized by his experiences at home. There were some indications of hostility toward his mother and guilt because of this, and some hostility toward his father. There was considerable evidence of daydreaming about running away to a happier home, but a feeling on his part that when he grew up he would be happier and his relationship to his parents better. There were indications of beginning insight and his ego strength appeared adequate. It was felt that George was merely reflecting a normal child's reactions to his split home.

The caseworker carefully interpreted the findings of the psychological studies to Mrs. J. Following this, she dropped her interest in having George seen, continued with the caseworker for several interviews in which the discussion was focused on her present marriage and her attitudes toward her former husband. After these were "aired" and seen in the light of her present happier marriage, Mrs. J reported that George was making a better adjustment at home even after further contacts with his father. It was then agreed that the contact with the agency would be discontinued.

Here the use of psychological studies alone enabled the caseworker to substantiate her thinking that George had no major problem warranting counseling, and that Mrs. J's anxiety was over her former husband and a fear of losing the affection of her children. When the report of the psychologist was interpreted to Mrs. J by the caseworker, this helped her to face her own feelings and to take a realistic attitude toward her son and her former husband in relation to her present marriage. It was not necessary to explore casework with George, and work with Mrs. J was quickly brought into focus. In this situation the psychologist was used as the adviser of choice instead of the psychiatrist.

INCIDENTAL VALUES OF TESTING

There are some incidental values in the use of a psychologist in a family agency. A few have been implied in the examples already described. Certain significant areas in the life of clients which, particularly in the intake interviews, have not been focused upon or even discussed, also occasionally have been momentarily explored in the psychological testing process.

Sometime fears of existing medical conditions or clues to unrevealed attitudes toward key persons in the client's past life have been mentioned in the psychological reports. Findings of possible organic pathology have indicated the need for careful neurological studies. A focus at the proper time on work in these areas has often proved effective in the casework process.

It is also possible that, in some of the cases, this information might have remained undisclosed during further interviews and would have conceivably limited the effectiveness of the casework. In this same connection, material brought out in the psychological studies, while sometimes premature for discussion, frequently has pointed in the direction for the further planning of interviews, and when these matters were discussed, they proved significant. The meaning of certain references to fantasy, or even of dreams, occasionally have become clear also but only in the light of the earlier data furnished through the psychological studies.

These additional findings should be considered in relation to some of the criticisms that Lucille Austin made in discussing the interview method in casework when she said, "The high value that caseworkers have placed on verbalization . . . has narrowed the range of help made available to clients. . . ." [5] The area of communication between the caseworker and the client, however, often becomes significantly enlarged through the answers to test items by written comments to essay questions and through the verbal reactions to the hypothetical problem situations by the client being tested.

FINDINGS AND THEIR SIGNIFICANCE

Thus we see the values of psychological services as an addition to the casework interview (1) in providing a supplementary understanding of the dynamics in the behavior of clients to be used by the staff both before and after the psychiatric consultation; (2) for estimating the range of a client's intellectual endowment (this usually has meant that fewer casework interviews were required); (3) in clarifying educational and vocational potentialities in relation to the total personality of the client subsequent to psychiatric consultation; and (4) independent of the psychiatric consultation (or as an alternate choice), in making a diagnosis, helping to determine insight, or discovering significant data—interpersonal, intellectual, or vocational—much earlier in the casework process than is usually possible. Some incidental results were the unexpected manner in which some clients suddenly made greater efforts to work on their problems following the psychological studies; and, when clients needed to focus on practical plans for themselves, particularly along employment lines, their progress in casework seemed accelerated.

This review of the use of a psychologist to augment casework skills in a family service agency may be of significance not only to other agencies that want to sharpen casework diagnostic and treatment methods, but it may also suggest another method of helping agencies with limited staffs to meet the pressure of growing requests for service. The evidence presented here also indicates that the further application of accepted clinical methods in a casework agency to include not only psychiatric services but psychological services is practical. The use of a clinical psychologist can be a valuable next step in further utilizing the contributions of other professional disciplines toward a better understanding of and more effective help for clients with difficult personality problems.

[5] Austin, *op. cit.*, p. 57.

GROUP WORK SECTION

BY CHARLES S. LEVY

Is Social Group Work Practice Standing Still?

THERE IS A touch of irony in the recent attempts to distinguish social group work from other disciplines in which the group is the primary medium of service to people.[1] Whereas once the emphasis in such attempts was on the distinctive qualities of practice which would help to identify social group work as an integral part of the social work profession, current endeavors seem to be directed at distinguishing social group work from other professions. The irony lies in the assumption that what is required is a conclusive definition, when what may really be required is the assurance that what is defined is in fact being generally executed in the work with groups being done in most of the social agencies which have traditionally been associated with the social group work method.

Although social group work was once said to have been practiced before it was defined,[2] the early definitions were essentially a description of existing agency practices.[3] With the development of professional education for social group work, however, beginning with the introduction of the course in Group Service at Western Reserve University in 1923, and with the growth of such associations of social group workers and group work educators as the National Association for the Study of Group Work, the Conference of National Agencies and Schools of Group Work and Recreation, and the National Association of Social Workers, the conceptualization of principles and objectives of social group work and of the skills and knowledge necessary for its successful practice may be extending the gap between the way in which social group work is being widely practiced and the way in which its definitions indicate it ought to be practiced.

The historical development of social group work may therefore reflect great professional growth—more professionally trained social group workers than ever, although still too few; more awareness of the applicability of knowledge derived from the behavioral and social sciences; more professional literature; more research. In spite of these encouraging manifestations, however, (or rather because of them, since they have heightened professional aspirations and potentialities) social group work is and has been less a profession where it deserves most to be one—on the level of direct practice where it can affect

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[1] Clara A. Kaiser, "Characteristics of Social Group Work," in *The Social Welfare Forum, 1957* (New York: Columbia University Press, 1957), pp. 158-169. *See also* discussion in Gertrude Wilson and Gladys Ryland, *Social Group Work Practice* (Boston: Houghton Mifflin Company, 1949), pp. 60 ff.

[2] Frank J. Bruno, *Trends in Social Work* (New York: Columbia University Press, 1948), p. 270.

[3] "Social Group Work," in Fred S. Hall, ed., *Social Work Year Book, 1935* (New York: Russell Sage Foundation, 1935), pp. 458–459.

people most. This is a disquieting and persistent fact, and one most apt to obstruct what Arthur L. Swift saw in 1938 as a continuing goal of the group worker, "to lift his job to a professional status."[4] As Abraham Flexner had observed years earlier, "Professions cannot develop on the basis of volunteer or underpaid service."[5] The *profession* of social group work has evidently moved forward rapidly, but the *practice* of social group work is apparently out of step.

The gap was not alarmingly great when social group work was defined, as it was in the twenties, in terms of its settings and functions rather than its methodology and principles.[6] Some understanding of groups was deemed desirable for group leadership, but priority was placed on program skills and vague personal qualities for which special professional training did not seem necessary:

> The group worker must understand the psychology of the group, must be able to conduct the kinds of activities which groups can do and enjoy doing, and must have that indefinable "group leadership" quality which can make an often haphazard collection of individuals a live, coherent group. It is hard to define these qualities, hard to isolate the technique, yet there is a skill which grows with practice, which has been acquired under certain conditions, and without which a successfully, constructively active group cannot be conducted.
>
> . . . much of the group work lies in the field of leisure-time activities, where it benefits the individuals through recreation, self-expression, physical development, mental improvement and character building. The group worker must therefore usually have special equipment, such as ability to direct athletics, teach games, lead group singing, coach dramatics, or teach handicrafts. He may, however, only organize clubs and stimulate them to activity they themselves can conduct.[7]

The professional preparation which agencies expected of paid "group directors," who themselves supervised group leaders, was hardly excessive according to a compilation of composite job analyses published in 1929:

> When engaging a group director, organizations now frequently prefer a graduate of a college of recognized standing, although equivalents are often accepted where the applicant has obviously had the cultural background, experience in group activity, and detached attitude that a college education gives; or where he may have had such variety of experience and of travel as to have matured his judgment, given him breadth of vision and made him of particular interest to young people. Courses in psychology, sociology, economics and education are commonly regarded as assets; also participation in student activities, for example, in the student government associations, Y.M.C.A., clubs, dramatics, debates and college publications.[8]

As for the group leader's job, it was not dignified with an analysis for the purposes of this compilation, although some forty to fifty types of "group work positions" were studied in twelve types of organizations including settlements, community centers, school centers, church centers, Y's, national youth organizations, and playground and recreation systems. The report of the study explained that "Although frequent reference is made to the 'leader' the leader's job has not been analyzed as such,

[4] American Association for the Study of Group Work, "Group Work and Progressive Education," in *Proceedings and Second Annual Report, 1937–1938* (New York: Association Press, 1938), p. 7.

[5] "Is Social Work a Profession?" *Proceedings of the National Conference of Charities and Correction, 1915* (Chicago: The Hildman Printing Company, 1915), p. 588.

[6] Wilson and Ryland, *op. cit.*, p. 10.

[7] *Social Work: An Outline of Its Professional Aspects* (New York: American Association of Social Workers, 1922), pp. 13–15.

[8] Margaretta Williamson, *The Social Worker in Group Work* (New York: Harper and Brothers, 1929), p. 117.

since it is usually volunteer or part-time work." [9]

Nevertheless, this was not an especially arresting revelation in the twenties, since group work was considered a rather elementary enterprise. Jesse F. Steiner, comparing group work with casework and community organization, observed that of the three:

> Social work with groups is the most elementary. It demands sufficient skill to justify the requirement of practice work under supervision, but it approximates so closely the non-professional activities in the social-work field with which students are usually familiar, that they find little difficulty in adjusting themselves to the group assigned them.[10]

Even as late as 1934, Philip Klein remarked that group work had received little attention in professional literature and still lacked "comprehensive formulation." [11]

This rather primitive conception of group work has persisted despite the crystallization of its concepts during the past twenty-five years. In the report of *Social Work Education in the United States,* Hollis and Taylor concluded that "To the noninitiated, social group work is too commonly identified with a capacity to lead recreational groups in various pursuits, and as such only dubiously requires professional preparation." [12]

There has evidently been greater determination in the profession to develop theory than there has been to influence practice—greater success at any rate. This presents a serious problem in the inspiration of the community acceptance which is essential for the achievement of professional status. To be accepted as a profession meriting professional education, social group work must not only be defined in professional terms; it must also be practiced accordingly and appear to the naked eye as a distinctive endeavor.

The gap between theory and practice is especially observable today. The professional literature of social group work has grown. Its methods and principles have been made impressively communicable to others who would practice it; and no longer need they rely on rules of thumb. Social group workers are not only associated by themselves in a professional organization; they are associated actively with other social workers in a single professional social work organization through which they are coping with professional problems and concerns. Through various media, including the Council on Social Work Education, social group workers and educators have been toiling together to improve education for social group work and to relate it more soundly to the professional responsibilities of group work graduates.

Thus, applying to social group work today, Dr. Cilento's criteria [13] for determining the professional status of a field of work, we can respond confidently: Yes, social group work has a rather well-defined scope and function; yes, systematic and increasingly standardized training is available to insure professional competence, and this training is offered in universities on a par with other professional studies; yes, social group work is infused with a social philosophy. *But,* does the compensation received by the social group worker indicate community acceptance of social group work as a recognized profession? And is its practice limited to persons with approved professional training? As far as the leadership of groups is concerned, the answer to these questions is essentially no. The profession is suffering a cultural lag

[9] *Ibid.,* p. 23.

[10] Jesse F. Steiner, *Education for Social Work* (Chicago: The University of Chicago Press, 1921), p. 81.

[11] "Social Work," in Edwin R. A. Seligman, ed., *The Encyclopaedia of the Social Sciences,* Vol. 14 (New York: The Macmillan Company, 1934), p. 169.

[12] Ernest V. Hollis and Alice L. Taylor, *Social Work Education in the United States* (New York: Columbia University Press, 1951), p. 146.

[13] Sir Raphael Cilento, "The World Moves Toward Professional Standards in Social Work," in *Social Work as Human Relations* (New York: Columbia University Press, 1949), pp. 222–239.

Back in 1939, the Committee on Standards of the American Association for the Study of Group Work conceded that standards of practice for social group work could not be developed because so few practitioners in the field were trained [14] and one educator complained somewhat despairingly that "without adequately trained and professionally competent leaders, group work cannot come into its own." [15]

Again, in 1955, a penetrating question was posed:

> To a large extent, we have delegated the core job in our professional discipline—the direct helping relationship to groups, to persons without professional training. The trained workers are functioning largely as administrators, coordinators, and supervisors. Is this the most effective division of function in agencies whose purpose is to afford people meaningful group experience according to their interests, needs, and capacities? I do not think that we know the answer to that question.[16]

Perhaps we do not know the answer, but an answer is strongly suggested in the methods and principles, the goals and objectives, the techniques and the knowledge which have been conceptualized and assembled and elaborated, and in the expanding body of scientific data which are applicable to social group work practice. It is also suggested in the ambitious "Definition of the Functions of the Group Worker" which was framed in 1949.[17]

Social work education attempts to effect those changes in students which will equip them with sufficient self-awareness, mastery of group work skills, understanding of human beings and social institutions, and professional behavior to serve the best interests of the group and the group's members as well as of society. What likelihood is there that the part-time associate without this training will be prepared to achieve these ends?

Gisela Konopka has reminded us that "the most precious things in the world are human beings, and we do not want to give them into the hands of somebody who has not learned what makes them tick." [18] Grace Coyle has formulated a group of basic assumptions concerning the group worker's conviction of the value of group service; his insight into group life and the employment of program activities to achieve group work goals; his awareness of social relations; his understanding of human behavior; and his ability to function professionally.[19] If these assumptions are indeed basic to social group work practice, can they readily be made about untrained volunteer and part-time group leaders?

In a brief debate, Dimock and Trecker several years ago considered the pros and cons of employing untrained volunteer group leaders and cited cost, tradition, and short supply of trained group workers as dictating this continued practice.[20] These are impelling arguments and make rather impractical the concern about untrained group leaders. However, a profession is not very much a profession if by and large,

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[14] Murray Schneier, "A History of the American Association of Group Workers, 1936–1953." Master's Thesis, University of Connecticut School of Social Work, 1954.

[15] Arthur L. Swift, "The Training of Leaders in Group Work," in Joshua Lieberman, ed., *New Trends in Group Work* (New York: Association Press, 1939), p. 154.

[16] Clara A. Kaiser, "The Advance of Social Group Work," *The Social Welfare Forum, 1955* (New York: Columbia University Press 1955), pp. 41–42.

[17] *The Group*, Vol. 2, No. 3 (May 1949), pp. 11–12. *See also* "Content of Group Work Practice with Implications for Professional Education" (New York: American Association of Group Workers, 1955). (Mimeographed.)

[18] Gisela Konopka, *Group Work in the Institution* (New York: Whiteside, Inc. and William Morrow and Company, 1954), p. 23.

[19] Grace Coyle, *Group Work with American Youth* (New York: Harper and Brothers, 1948), pp. 22–32.

[20] Hedley S. Dimock and Harleigh B. Trecker, *Supervision of Group Work and Recreation* (New York: Association Press, 1949), pp. 52–55.

and with a few exceptions, professional training does not appear to be prerequisite to its practice, and if there can be but limited confidence that personnel without social group work training can command, master, and employ its precepts. This does not mean that volunteers have no function in a social agency. On the contrary, they have a vital role to play, but if they are leading groups, are they in all cases doing social group work?

That this is the way things stand is indicated by several studies.[21] Unfortunately, the employment of untrained group leaders is sometimes justified on philosophic as well as practical grounds. This is difficult to reconcile with the current efforts being made in various states to encourage the widespread enactment of regulatory legislation for the social work profession. Under present conditions, certification or licensing of social group workers would have to be selective to the point of being meaningless, for legislative regulation in the public interest implies the regulation of practices and individuals in a community activity which places people in a dependent, confidential, or fiduciary relationship while receiving services affecting their general welfare. In group work the primary focus of regulatory concern would be the group and its members for they are the primary public whose interest is exposed.

If only to test the premises of social group work as articulated during the past few years, intensive research in the following not unrelated major areas of inquiry seems warranted:

1. The relative effectiveness of trained and untrained group leaders as may be determined by objective measures of group and individual growth and by tests of conscious application of group work methods and principles.[22]

2. The effectiveness of current in-service training practices in compensating for group leaders' lack of professional education.

3. The differential qualifications of group leaders in relation to the differing needs and purposes of groups and the agencies which sponsor them.[23]

Is social group work standing still? The answer may be contained in the resolution of some of these vexing issues.

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[21] W. L. Kindelsperger, "Employment Characteristics of Recent Group Work Graduates" (New York: Conference of National Agencies and Schools of Group Work and Recreation of the National Social Welfare Assembly, undated but circa 1953). (Mimeographed.)

Social Work Education, Vol. 4, No. 3 (June 1956). "The Practice of Social Group Work," *op. cit.*

[22] A pertinent criterion in measuring the effectiveness of practitioners would be the extent to which methods and principles are consciously applied. Helen Harris Perlman, in *Social Casework: A Problem-Solving Process,* offers the following general criterion which distinguishes the professional from the nonprofessional relationship: "The identifying mark of a professional relationship is its conscious purposiveness growing out of the knowledge of what must go into achieving the goal." (Chicago: The University of Chicago Press, 1957) p. 68. As far as growth is concerned, it must be clearly distinguished from change in measuring group work effectiveness. Here, too, Professor Perlman is helpful. "Change may be regression or deterioration, or it may be progress and betterment; growth is assumed, here, too, to mean the consolidation of constructive, desirable changes." *Ibid.,* p. 19. With this concept of growth in mind, *see* Gertrude Wilson's views on the difference between the task-oriented and the growth-oriented group and group process, for they may well suggest a provocative hypothesis pertaining to the difference in effectiveness between trained and untrained group leaders. "Social Group Work Theory and Practice Viewed Against New Trends and Developments," in *New Developments in the Theory and Practice of Social Group Work* (New York: Council on Social Work Education, 1956), p. 46.

[23] Although this may sound like an assumption, it is not intended to be one. On the contrary, it is this writer's proclivity to frame this as a null hypothesis, a temptation which flows from application to social group work of the concept of growth cited above. The result is not to ignore differences between certain types of groups and agencies but rather to recognize the differences among all groups and among all agencies without concluding that basic qualifications must or should also differ.

MEDICAL SOCIAL WORK SECTION

BY CARTER C. WILLIAMS AND JANET WIEN

The Casework Letter

IN RECENT YEARS, one of the trends in medical care that has influenced the social worker in the hospital is the shortened hospital stay of patients. The social worker may have a very limited period of time in which to establish a sustained, ongoing relationship with the client. Frequently the social worker may move only toward a beginning relationship and discussion of the client's problem during his hospital stay, with continued casework treatment given after the client's discharge. The development of medical centers serving large rural areas has meant that the hospital social worker may not be able to continue direct contact with the patient because of the distance the patient lives from the hospital. Casework agencies in the client's home community may be either limited or nonexistent.

A partial answer that has developed to meet this trend is the use of correspondence as an adjunct to the personal interview. Contact through correspondence is not meant to serve as a substitute for using appropriate and existing agencies in the patient's local community. Where a suitable agency exists, the social worker in the hospital would see referral to that agency as his first responsibility. Where a suitable agency does not exist, correspondence is not considered to replace the social worker's broader responsibility for promoting the establishment of such services. The long-term goal of the social worker will be working with community representatives toward developing needed services. Realistically, such services may take some time to develop and some means of meeting the client's needs in this interim period must be found. We see correspondence with the client as one such method when direct contact with the client is not a possibility.

A search of the literature on this subject is largely unproductive since in the past interest has been in correspondence between agencies. A notable exception, however, is an article entitled "Correspondence as a Casework Tool" by Gabriella Frizzo.[1] In this study the author examined the use of correspondence in casework with psychiatric patients and their families. Miss Frizzo concluded that "Correspondence casework requires the same sensitivity to recognized casework principles as when the process is carried on through the means of a face-to-face relationship.[2]

The purpose of this paper is to study

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[1] Gabriella Frizzo, "Correspondence as a Casework Tool," *Smith College Studies in Social Work,* Vol. 20, No. 3 (June 1950), pp. 149–172.

[2] *Ibid,* p. 171.

the techniques involved in correspondence when used as a casework tool. Five casework situations in which correspondence has been used will be examined and the casework letter will be compared with the interview so that the potentialities and limitations of the letter may be seen. Cases have been chosen from the files of the Social Service Department at Duke Hospital and have been selected because they provide good material for analysis. It is not the purpose of this paper to analyze treatment or to evaluate effectiveness of treatment in the cases selected.

USE OF CORRESPONDENCE

Selection of correspondence as a method of casework service was based on other than geographical distance. We believed a basic criterion for moving into the use of correspondence was the patient's evidence of strengths in the area of taking help. There needed to be some evidence or expression on the patient's part about the meaningfulness of a relationship with a helping person, the social worker. As we involved ourselves in casework study and diagnosis, we assessed the client's ability to use correspondence meaningfully. We became sensitive to the patient's feelings about the written and verbal mode of communication. We assumed that the patient with basic security and a sense of self-worth would not distort the intent of the letter but would be able to accept the warmth the social worker would be expressing.

In some instances, we recognized the client's difficulty in the face-to-face contact and his ability to relate with greater ease in using correspondence—a more protected and controlled method for himself. We believed that some clients, having used the more self-controlled medium of writing, could as they became more secure in the relationship with the social worker involve themselves more freely in the face-to-face contact which, at the outset, may have been too threatening.

We recognized, too, that under some circumstances the use of correspondence was contraindicated. Some patients would be too threatened by the use of correspondence. Therefore, we did not continue with this medium when the client's putting himself in writing was dangerous for him because he felt the use of the written word could be used against him in the future. The casework letter does not permit for denial to oneself or to another. A recent newspaper article by a popular columnist warns of the dangers of writing one's emotions on paper. "The written word is irrevocable," she writes, "and, although your mood may change tomorrow, the letter, once mailed, will go straight to its destination."

Certain other factors, perhaps thought to be important, were not essential. For example, it might be assumed that formal education and average or superior intelligence might be determinants in selecting patients who could be helped through correspondence. However, it is clear from the case illustrations that knowledge of English grammar and spelling were not important. Of the patients in the five cases from which we have drawn our material, we believe only one was a high school graduate. One patient had completed the eighth grade; another, who had completed the sixth grade, was estimated to have a low average intelligence. The education of the wives of the other two patients is not known.

For the caseworker, also, it was found that there was at least one irrelevant factor, the degree of experience. Two of the caseworkers in these situations were experienced workers; the third was a worker with less than two years' experience.

COMPARING THE CASEWORK INTERVIEW AND CASEWORK LETTER

The most important differences between the interview situation and letter-writing lies in the fact that "the rich interplay of

one human mind with another"[3] which takes place in an interview between two human beings, is somewhat changed in the correspondence situation. The interplay is there but first one participant has the stage and then the other. We shall see that this circumstance may create particular difficulties in casework correspondence.

It was found, of course, that clues to the patient's feeling and mood in a letter are different from those observed in an interview. Facial expression, tone of voice, the gestures of the patient have their counterpart in the letter. Legibility of handwriting, punctuation, spelling, and the general form of the letter give the reader information about the patient's mood. There is more to be learned from a letter than the mere words used.

The following excerpt written by the worried wife of a tubercular and diabetic patient, who was unsuccessfully seeking admission to a sanatorium, illustrates this point. The previous letter from the wife had been a neatly paragraphed, well-punctuated letter of moderate length. This excerpt is the second half of a long letter which was written out in one paragraph from beginning to end.

"My husband needs care and medicine, he's a taxpayer a human, has a family, is helpless and we must have help. I have I'm sure Dr. A to back me in saying Arthur must have this care and not keep on waiting. A friend advised me to tell you these facts and ask you and Dr. A to please help me and advise me, on taking this problem over Miss B's head, (Supt. of DPW) to the head of the Welfare at Raleigh. She says that this county pays only one dollar out of every nine that we receive any way. Isn't there another step we can take? Oh! please, isn't there? Can't you and Dr. A write a letter, go with me to see the one I must see, (I don't even know whom to see) or something you can think of? I have three children here in this home and have managed by borrowing to buy only one pair of shoes, two are in school one in pre-school. My windows are falling out, the neighbors gardens are dead now, that's where my husband's precious vegetables for his diet have been coming from. I have read enough to know the vital importance of a diet for a diabetic, especially one with all this other trouble besides. I'm a frightened nervous wreck Miss F, please forgive me, I guess I don't make sense. But I do know Arthur must not keep on waiting and I don't know what to do. Ask Dr. A to help us please if he knows of anything at all to do, no matter how small. If you want me to come to see you, I'll try. Please write soon."

On the other hand, correspondence as a casework tool was found to have many similarities to the personal interview. The patients used letters in the same ways that they used appointments. Just as a patient may be late or may fail to keep an appointment, so he can delay his letter or fail to write. Responsibility was left with the patient, just as in the interview situation, regarding his desire to continue in this kind of relationship. The caseworker, and the patient, regulated the intervals between letters in the same way they regulated the frequency of interviews.

Mrs. A, a 27-year-old married woman who had had a colostomy performed because of ulcerative colitis, had been corresponding with the social worker on an unplanned basis. After several letters she took the initiative in setting up a plan: "I was so glad to hear from you, it always makes me feel good to hear from you so if you don't mind I'm going to try and write you once a week and in that way I'll feel I'm talking to you and if you have the time to answer, I'll appreciate it just a lot but if you to busy I'd understand."

We found that the beginning and end of a letter are as signficant as the beginning and end of an interview. The technique

[3] Annette Garrett, *Interviewing: Its Principles and Methods* (New York: Family Welfare Association of America, 1942), p. 8.

of repeating the patient's phrases and figures of speech is just as good a technique in correspondence as it is in interviewing.

Mrs. A wrote, "I set down and had a silent talk with myself and I just decided I was being childes and not doing my part very well either so I've at least made up my mind to try harder than ever to forget myself compleatly and I hope and pray that I will be able in the very near future be able to take that operation over, so until then I'm going to do everything I can to hasten my recovery so please remember me in your prayers, I think of you so very often."

In his reply the social worker referred to this paragraph: "I believe that the 'talk' that you had with yourself and making up your mind that you are going to make the best of things will really be a big help to you if you keep on thinking that way and I believe very strongly that you can. I know that these things are easier said than they are to accomplish actually, but, if we really make up our minds to make the best of any situation and go ahead on that basis, I think that can really mean a lot in helping us accomplish our goal. Confidence in yourself and in what you can do can also help you to get over the 'rough spots' and to accept and adjust to a good many difficulties."

In an interview, the caseworker is aware of the meaning behind the patient's words. In letters, too, the caseworker may realize that often the patient is trying to say something other than what he writes. The following letter was received by the hospital superintendent:

"Will you please see if my husband's luggage and contents, watch, fountain pen, social security number, drivers permit, etc., can be found? He died in your hospital February 11. He was the dearest thing on earth to me and our seven children. I didn't hesitate to give permission to the doctor to perform post-morten on my husband. I cannot find out if he wrote me the day he died—or if he became worse suddenly or anything about his death. . . .

"I can only hope and pray there was no negligence on the caring of my husband. There's certainly been carelessness as to his luggage, etc. Could not someone let me know about these things, with his lovable nature surely someone in your hospital had time for a word with him. Please find out what you can for me."

In her reply the caseworker answered the question regarding the patient's possessions but focused on the real concern behind Mrs. C's questions.

"I wanted you to know that I saw your husband twice. He impressed me as being a very fine man, worried about his condition, you and the care of his family. Your husband's doctor, Dr. G, had asked me to see Mr. C about financing a longer stay in the hospital and also about his care upon return home. The doctor knew you had been sick, also recovering from a recent heart attack. With Mr. C's permission I sent a letter to the welfare asking them to help your husband with the hospital bill. I suggest that you discuss this problem with Miss G, your welfare worker.

"I talked with Dr. G yesterday and he told me what happened to Mr. C. As you know Mr. C had a very severe heart attack 4 days after he was admitted to the hospital. He was not quite over that attack when he had another one on February 11, and he died about one-half hour later. The doctor explained that he was with your husband from the time he first complained of a severe chest pain until he died at 6:45 P.M. Everything medically was done for Mr. C that could possibly be done. The doctor said Mr. C had severe pain for a short while and then became unconscious and died.

"The doctors and nurses thought very well of your husband, as did everyone who knew him. Mr. C told me on February 10, that he was receiving excellent care and that the doctors were giving

him good treatment and helping him to understand his illness. Mr. C was placed in a private room on February 10, and he liked that. He enjoyed visits by other patients. About 5:30 P.M. on February 11, several patients were visiting and talking with him.

"Dr. G asked me to tell you that the autopsy confirmed their diagnosis. He explained that the heart attack was caused by the blocking of the artery leading to the heart. The doctor said that had Mr. C. lived, he would hardly have been able to do anything and that repeated heart attacks would have been expected.

"Mrs. C, I really hope that the information I have given you will be of some help and consolation to you and your children. I realize that your husband's death so suddenly was a terrible shock for you.

"If I can be of any further help to you, please let me know. I send my sympathy to you and your children."

The wife's response evidenced the real help the caseworker gave her in this letter.

ADVANTAGES OF CASEWORK LETTER

As seen in the cases under study, the letter offered another means of expression to those who could not bring out certain problems in face-to-face interviews. One patient, discharged to her home in the terminal stage of carcinoma of the esophagus after an unsuccessful attempt at surgery during hospitalization, went directly in her letters to a discussion of her prognosis which she had carefully avoided in interviews at the hospital telling the worker she had created "a blank" in her mind, was not worrying about anything, and would concentrate on getting well. In her second letter after a visit to the clinic, Miss O wrote:

"Well the cat will always come out of the bag no matter how hard you try to keep him from it. So I know a little more about my condition than I did. I am not dead yet by any means but I do wish my little friend [the doctor] had been a little more truthful. I am not a baby; he should have known that. On the whole I have been better since I came home this last time. I did not know my face was so red that day till I started home and I looked into the mirror. Hives! I must have been a sight. Of course I have my bad days and good days. For the last two weeks I have been spitting up a lot of blood instead of the usual foam or phlegm. This has worried my mother very much. I asked Dr. M about it. He said he expected some blood. It is not a pleasant sight to see in the cup and I try to keep my mother from seeing it. . . . I know the only thing they [the doctors] can do is to try to dry that sore up . . . it has been done. I can only hope. Any results that the X-ray might have still might not be permanent in a case like this. There is only one thing certain I shall live until I die and I am not going to worry any more than I can help until every resource is exhausted. It is too early to give up and I am still too much alive, I have not lost any more weight and I know my general appearance is much better."

In no interview had Miss O ever approached her problem so directly; in fact, she had always carefully avoided doing so.

Another patient, Mrs. A, whom we have quoted earlier, had frequent interviews with the caseworker during a six-week period of her hospitalization. Mrs. A sought help not only in securing the hearing aid (for which she was referred to the caseworker) but also help with her anxiety about the colostomy before and after it was performed. In interviews with the worker, Mrs. A always painted a picture of a happy and satisfying marital relationship despite indications to the contrary. Soon after her discharge and before her return to clinic for a check-up, Mrs. A herself initiated correspondence which continued regularly over a three-year period.

After the first few letters, Mrs. A wrote the following letter. The lack of punctuation, and paragraphing, the mispelling of words and illegibility of the handwriting indicate the tension under which the patient was writing.

> "I'm afraid I told you a little white tale when I told you my husband and I get along O.K. you see and I hope you forgive me for that tale but I really was ashamed to tell you or anyone else for that reason and too he is O.K. when he is sober except at times when he is kinda ill from the effects still I can look over that better than picking at me and upsetting me so much. I'll come to the point I'm about to lose hopes and you know what happened before at that rate I've been sick over a week and I don't see under the circumstances I'll never feel better for by the time I get to feel a little better he'll get high again."

Mrs. A was able to express on paper the troubled feelings which she would not even face in a personal interveiw. Much has been written in psychiatric literature about the pros and cons of the therapeutic value of writing one's feelings. Although this method has largely been discarded in psychoanalysis, it is probably agreed that to some people there is real cathartic value in setting down on paper one's reactions.

Another advantage of the letter which was noted was the concrete evidence it provided to the patient of the caseworker's interest in and help to him. The letter was something tangible given by the caseworker, something which the patient kept and to which he referred. This feeling was well expressed by Miss B, a patient with a painful chronic disease who at her home, many hundreds of miles away from the hospital, was facing what she felt was a hostile family situation, and was at the same time attempting to win some independence in her own life. She wrote: "I always feel a little better after I read your letters. I carry them in my pocketbook and when I get down in the dumps I get them out and read them again. I bet I have read them a thousand and one times. They seem to help me some."

Mrs. A, the patient with the colostomy, expressed her feeling in this way: "Your letters have a way of bringing relief from my worried mind. It's wonderful to know that someone cares how I feel. It always makes me feel good to hear from you. I feel like I'm talking to you."

The intervals between letters allowed the caseworker the opportunity to consider his reply more carefully than is possible in the face-to-face interview. Supervisory help before the caseworker replies is possible. We noted that the focus of a letter was likely to be clearer than that of an interview. The limitations of time, space, and in some cases the physical strength of the patient provided disciplines which required thoughtful focusing.

Another incidental but quite practical advantage of the written letter was its value to the caseworker as a processed record. What better material could we have for analysis from the point of view of casework movement!

DISADVANTAGES AND CAUTIONS

Two limitations emerged in these cases which seem inherent and almost self-evident in letter-writing: (1) the caseworker could not control the focus of casework when carried on by letter as easily as he could in an interview; (2) the caseworker could not correct mistakes in treatment when they were written, as easily as he could in the interview where he might immediately attempt correction and where his error had not already been committed to paper.

An example of the first point occurred in correspondence with Miss B. One of the casework goals was to refer this girl to a local agency for further casework services. In her reply to the caseworker's letter one month later, the patient made no reference to this suggestion and closed

her letter in this way: "Please write to me when you can as I love to hear from you, and I also seem to pour out my heart and my troubles to you and I don't have to worry about it getting back to the family."

One month later, after the caseworker had again encouraged referral to a local agency, the patient finally replied directly as follows: "I did not get in touch with the Welfare People yet as I was afraid it might get back to the family and I do have to live with them as you know why. My family would not like for me to go to outside people at all. Will write to you a while and see how it works out. I can always fall back on that anyway if things don't develop better. Will sign off now hoping to hear from you real soon, before I wear out the other letter."

Another interesting example of the first point in a reverse situation: Miss O, in one of her letters, clearly asked for help in facing the future which appeared to hold only suffering and death, but in answer to the patient's letter expressing this feeling the caseworker avoided the problem with which the patient so clearly raised questions.

Other limitations or liabilities of the letter were not considered inherent but were thought of as possible dangers. The caseworker must not use the letter as a means of prolonging the contact with a client when termination of treatment or referral to another agency is indicated. Miss B preferred to continue her contact with her hospital caseworker than to move toward the use of a facility in her own community. The caseworker needed to be aware of this and not let the letter substitute for the referral. One must also guard against violating the confidentiality of the patient. For example, Mrs. A's husband opened and read one of the letters from the caseworker. Miss B foresaw the possibility of this happening and asked the caseworker to send letters to her place of work. Fortunately, this danger can be avoided by having the caseworker and patient make arrangements beforehand. As pointed out earlier, by selecting carefully the patients with whom correspondence might be used, one can avoid other dangers. Some clients may be threatened by expressing themselves in writing and some might misinterpret the intent of the caseworker's letter.

CONCLUSIONS

From this limited study, we believe that the letter has real potentialities as a casework tool. In the situations analyzed here, casework treatment was continued through the use of correspondence when personal interviews were either not possible or were not effective.

We have not worked with this method enough to realize all its possibilities or all its limitations. Can we determine in advance whether the client can continue a casework relationship through correspondence? Can we always predict those patients for whom written expression of their feelings would constitute too great a threat? Is correspondence used in this way properly considered a supplement, or an acceptable substitute, for interviews? In order to answer these and other questions, we must continue to examine the use of this tool as a casework method.

PSYCHIATRIC SOCIAL WORK SECTION

BY ROBERT L. DEAN

Intake As Core Learning for Psychiatric Social Work Students

DESPITE THE PSYCHIATRIC social worker's unique contribution to the clinical team, his field training tends to underemphasize the intake process. Social workers all agree that intake work in a social agency or psychiatric clinic and admissions work in a psychiatric hospital demand a very high degree of casework skill. Intake work is generally considered the caseworker's major professional task in a host agency. In a study of social work practice, Tessie Berkman found that over four-fifths of the workers in clinics reported responsibility for intake.[1] Yet intake theory and practice are allotted relatively little teaching time in both classroom and field. Usually intake practice is put near the end of the field work year when full advantage cannot be taken of its learning potential.

A recent brief review of social work journals showed almost no mention of intake in field work. In contrast, a good many articles concerned intake in the clinical practice of social work. The literature stresses the importance of intake work in a psychiatric setting and the complex casework skills required for its effective performance.

Increasingly, in recent years, social work educators have made use of learning theory, as for example Alfred Whitehead's philosophy of education. The importance to effective learning of an over-all view before parts of the whole are selected for concentrated attention, the need for disciplined practice in moving back and forth between the general and the particular while following and understanding appropriate connections, the requirement for drill in analysis and synthesis before generalization is attempted—all these requisites of professional education are in the forefront of current social work teaching effort. In her book, *The Learner in Education for the Professions,* Charlotte Towle has provided a lucid description of the principles of learning in relation to social work educa-

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[1] Tessie D. Berkman, *Practice of Social Workers in Psychiatric Hospitals and Clinics* (New York: American Association of Psychiatric Social Workers, 1953).

tion.[2] However, the manner in which the progressive study of intake in field work supports, elaborates, and demonstrates these principles has largely been ignored by psychiatric field work instructors.

Various factors may explain this paradox. Some teachers consider that by its very nature intake should be taught only after the student has gained competence in casework practice and has learned a good deal about the internal functioning of his agency, the services it offers the community, and the other resources provided by the community. This attitude doubtless stems from the social agency tenet that only the most experienced, skilled caseworkers should be assigned to intake work. It is reinforced by the fact that most instructors have come into field teaching after considerable work in agencies. Research might reveal whether this position reflects general agency practice or whether, like the casework preoccupation with recording, it veils an unrealized ideal.

A frequently encountered reason for the small allotment of time for field teaching of intake in psychiatric clinics lies in their internal organization. Most teaching clinics have worked out a complex structure for providing intake, diagnosis, and treatment services. Generally they have been forced to impose long waiting periods for service on their applicants. Without careful planning beforehand, a field work student program that includes intensive work at intake would cut awkwardly into a clinic's smooth functioning and interfere with its co-ordinate, interdisciplinary schedule of service to the community.

TEACHING PLAN

This paper reports an experiment in teaching the intake process as the operational base of psychiatric social work practice to a field work unit of second-year students. The program parallels as closely as possible the actual pattern of the social work job structure, and is based on the following assumptions regarding the social worker's training:

1. He should have an ongoing and repetitive experience in relating the patient's total situation to the clinic microcosm and in comparing the initial stages of treatment to the later ones.

2. He should have the experience of representing the clinic and its patients in arranging for liaison with interested community agencies and of carrying out whatever community contacts such relationships may require.

3. He should be expected to undertake and test his independent professional service functions as early in his field work training as practical.

This approach to teaching psychiatric casework, I believe, is theoretically sound although it is still a controversial issue for some instructors. The guiding principle of the teaching plan must ensure that any change from traditional training will not result in lowering the standards of clinic service to patients and will, indeed, enhance the orderly progression of casework learning for students. At intake the social worker's exploratory, diagnostic, enabling, and co-ordinating functions stand out as clearly identifiable skills, offering the instructor a rich teaching program. Because the intake process describes a method of interviewing that is information-gathering, diagnostic, motivation-assessing, and therapeutic, it provides the learner with a logical beginning and an unlimited opportunity for expanding his own knowledge. Clinic standards are carefully guarded since the student, in learning to be of help to the patient, has close supervision and the full resources of the clinic at his disposal.

Some of the social work skills better taught at intake than elsewhere are:

1. Frankness, honesty, and confidentiality in working with patients.

2. Fee-setting based on a careful exami-

[2] Charlotte Towle, *The Learner in Education for the Professions* (Chicago: University of Chicago Press, 1955), pp. 164–74.

nation with patients of their financial situation.

3. The use of collaboration with community resources in the interest of patients, including participation in agency conferences and writing reports to collaborative agencies about the clinic's work with patients.

4. Helping patients begin to use motivation for personality growth.

SETTING AND METHODS

This teaching plan was tried in the Berkeley State Mental Hygiene Clinic, a training clinic of the California State Department of Mental Hygiene. The Berkeley Clinic, although small, is divided into an adult and a children's service, each directed by a psychiatrist responsible to the clinic director. Each service has its own caseworker but shares a social work supervisor and a clinical psychologist. The social work staff has worked together for a number of years and has synchronized its training with that of psychiatry and psychology. For example, social work, psychiatry, and psychology trainees meet together in seminars where subject matter cuts across all three fields. The experiment was made possible by the fact that the clinic social work supervisor, during her earlier years as supervisor of students, worked consistently with the goal in mind of offering the broadest possible intake experience to social work students.

The student unit is taught by a university field work instructor who is responsible for its integration into the general clinic training program. In addition to individual weekly supervisory conferences and training seminars of various kinds, the field work instructor makes use of weekly student unit meetings as a teaching device. These meetings consist of both didactic instruction and general and specific discussions initiated by the students.

Ordinarily in field work training, second-year social work students begin with an assignment of collaborative cases shared with other clinic disciplines. The conduct of these few cases provides the base for the concentration of intensive teaching effort. Because I proposed to introduce the students to intake as early in the year as possible, I used the first four student unit meetings to teach the general theory and philosophy of the intake process, its purpose, and its use by the clinic team. Important in this was instruction in the use of the various clinic forms, especially the face sheet. Finally the process of fee-setting for clinic services was taught. While participating in these seminars, the students began working with their first treatment cases. At the same time, they began visiting the weekly clinic adult intake meetings in groups of two, familiarizing themselves with staffing procedure.

During these early weeks, while the students were receiving this didactic instruction and simultaneously embarking on their initial relationships with their case assignments, the adult clinic intake social worker collected via his regular telephone work two adult application appointments for each trainee. The student first received the intake worker's brief notes written at the time of the applicants' telephone calls. Then as his first semester intake experience, he was assigned responsibility to follow these applicants to some final disposition by the intake staff. For the purpose of continuous supervision of the work, two interviews, a week apart, were scheduled with each patient who was told initially that the intake process would involve at least these appointments.

Scheduling the intake interviews in this manner permitted a supervisory conference and a student unit meeting to intervene, thereby insuring each trainee the benefit both of the instructor's help and of an interchange of ideas with his colleagues. It also allowed him to fill in any informational gaps that such discussion uncovered, to bring back to the patient information concerning community resources

or to resolve whatever problems might interfere with the mutual exploration of the patient's problems in reference to the clinic's services.

Reactions of the students to this extended intake procedure varied, ranging from the position that adequate information could be obtained in one interview and therefore a second was a waste of time, to the feeling that it was unfair to impose on the patient a double fee for a service that an experienced social worker could accomplish in one interview.

In most instances, as might be expected, the students felt not at all secure in the extension of themselves as sources of service to the patients. By the time of the first actual intake appointments in the middle of October, however, the students all had had several interviews with their regular patients and had begun to feel at home in the clinic.

LEARNING EXPERIENCES

Growing out of the nature of the service intake offers the applicant and the clinic, and by virtue of its different pace from that of later serial treatment interviews, the study of this process early in field work gives the student practice sharply focused in areas directly applicable to his current case assignments and vitally related to the progressive improvement of his casework. A number of tasks are approached in the intake interview, the accomplishment of which, in their sum total, represent the tentative diagnostic impression of the patient. The intake worker sets out to learn from the applicant the source of his interest in the agency, to help him factor out the critical inner tensions and outer pressures that influenced him to seek clinic help at this specific time, and to help him consider his expectations, both positive and negative, regarding treatment. He also aims to help the applicant define his problems and to make a beginning in examining his own role in them.

The patient's experiences in self-examination for the most part, of course, are cumulative results from a treatment relationship over a period of time. However, his first steps in learning to participate in such experiences occur in the intake interview bringing about particular learning consequences for the social work student. Thus, in the intake interview, the student early in his training is presented not only with a verification of the therapeutic nature of the relationship he has set out to learn but also with a sweeping view of the complex range of its skills he must master.

Paying attention to all the necessary details of the intake process, eliciting essential information while still maintaining appropriate therapeutic attitudes proved a challenging experience. Since only a gross kind of screening is possible on the telephone, the cases being studied ranged from those requiring diagnostically clarifying interviews with the psychiatrist to those needing referral to another agency. Because the selection process had placed some emphasis on cases involving community agencies, most students obtained several contacts with a variety of agencies.

A number of unusual learning experiences must inevitably occur with the use of such a teaching device. For example, one applicant moved to a nearby city during the process of intake and staff discussion regarding a treatment plan, but still wished to go ahead with the plan. In this case the student gained the experience early in her second year of field work training of exploring available community resources, of representing her agency to another clinic, and of making a referral with an appropriate written report to that clinic. She thus learned elements of casework in the careful examination of her continuous weekly work with a few patients with whom she was engaged in fairly long-time relationships while at the same time participating in the study, diagnosis, and treatment planning with another. She was able

to contrast these stages of clinic treatment in a meaningful manner and to form an early professional identification with the staff social workers who give most of their time to intake work.

In another situation, the student's discussion in supervisory conference of her initial intake interview made clear the need for a psychiatrist to interview the patient even before the situation could be taken up at an intake staff. Thus early in her training, a student psychiatric social worker had the experience of separating her own role from that of another clinic discipline, of formulating her own clinical diagnosis, and of collaborating with a psychiatrist in a diagnostic process. She also assumed the social work role of arranging for an ancillary interview with a relative in order to clarify information and to prepare for family planning in the event that hospitalization might be recommended from the diagnostic study.

In still another situation, the trainee social worker was assigned the application interview with a patient on probation who had applied for psychiatric treatment following blackout attacks on his job that caused him to stop working. As a result of intake staff discussion, this assignment involved an agency conference with the probation officer in order to plan effectively for the man. The trainee participated with the clinic in planning for the consultative aid to be given to the probation officer and the follow-up interview with the patient in order to help him to return to work.

INTAKE WORK WITH CHILDREN

The teaching plan also involved the completion of adult intake work by the end of the first semester and the moving on to children's intake during the second semester. Again, unit meetings were used for didactic instruction, this time in children's intake work, a much more complex procedure to explain than adult intake. In part this is true because both parents or other significant adults are included in the work and because the social worker's diagnostic impressions are based almost exclusively on information from and interaction with other persons than the one for whom services are being sought.

In the demands of children's intake the student social worker in a new way comes face to face with the actual living examples of his intellectual learning, the vital demonstration of the dynamics which he has studied in theoretical courses. Because of his strongly ingrained cultural stereotypes and his own personality inhibitions resulting from his early training and rearing, the new social worker needs special help in offering his service to fathers. The father who participates in a study and diagnostic procedure with his child who is experiencing emotional problems must take time off from his job. Interfering with this culturally sacred paternal duty, and further, expecting a father to have feelings of dependency and inadequacy almost always proves threatening to the young social worker.

In children's application work, also, the student is expected to conduct a joint interview with two persons, a new and demanding assignment for most young workers. He must participate in a three-way interview with the parents while keeping his bearings enough to learn in some detail the nature of the problems of the child. He must at the same time learn enough about the child's significant developmental history in relationship to stressful experiences of the parents to form a beginning understanding of the Gestalt of family problems. Further he must hear from the parents enough of the nature of their interpersonal difficulties so that the need of their participation in a treatment plan becomes meaningful to them as well as to him. He must describe the nature of the clinic services and outline the conditions of clinic work. Even more, he must offer the parents enough help to show them the value of

their participation in a family treatment plan.

If this sounds like a full order for a student social worker, it also points to the dynamic learning possibilities in its related development with his intensive psychotherapy assignments. Students, of course, approach such an experience with varying attitudes, according to their prior experiences and the nature of their learning inhibitions and personality problems. Such an exercise, however, coming early in the second semester, can prove a powerful incentive for the student to integrate all the knowledge his training has so far provided him.

The task of correlating all the information obtained, the opportunity to discuss it, and the need to formulate an accumulating diagnosis under the supervisor's scrutiny, the availability of a second interview for a further flow of information between worker and patient or for redirection of the student's casework effort—all these factors both press the trainee to the limit of his current skill and provide safeguards for the protection of the patient. The final sharing of the social work impressions in a disciplined interchange with the psychiatrist and clinical psychologist in staff discussions both highlights and measures the student's learning.

EXAMPLES OF LEARNING

As in the adult intake work, many vivid learning examples are available. One social worker seriously questioned the need for and the therapeutic value of asking a father to take time off from work to come to the clinic to talk with her. He, too, at first seemed reluctant, and expressed no concern in describing how he had left the care of his youngster to his own mother for several years. The learning gain for the student social worker was impressive when, in the course of her study, she discovered that not only did the father supply much vital information to the understanding of the child's emotional problems, but also delineated areas in his own life with which he rather eagerly expressed the need for help.

In another situation, the social work student found his information and impressions from his work with the parents to be the dominant evidence for a diagnostic understanding of the youngster's problems, when they were weighed against the rather sparse information obtained from the child by the psychiatrist and the psychologist.

CONCLUSIONS

This paper has attempted to present in enough detail for comparison with more traditional programs an experiment in teaching intake as a parallel assignment with their other learning to a unit of psychiatric social work students in second-year field work. Although this teaching plan makes greater than usual demands on students as well as on teacher and clinic staff and forces some realignment of student time, it proved to be educationally sound. As an experiment of only a year's duration, it cannot now be measured effectively. Some students commented at the end of the year that they thought they had had to work harder than colleagues in other settings. They were impressed, however, with the important contribution they could make to classroom discussion of intake, since they were practicing intake in field work at the same time it was being taught in casework class. The fact that the plan seemed to foster in the students an early professional identification with social work and to point up for them their specific skills in the functioning of the clinic team seems especially important.

SCHOOL SOCIAL WORK SECTION

BY ESTHER SCHOUR

Casework with Parents in the School Setting

"PARENTHOOD," WROTE THERESE BENEDEK, "does not mean the fulfillment of a biological function only, that of begetting and bearing children; it also implies the principal social function of the adult individual." She points out further that "In developing towards sexual maturity the individual incorporates within his own emotional life the ideals and conflicts which are associated with parenthood in general as well as those which have been transmitted to him through his interpersonal relationship with his parents—Although this learning occurs unconsciously, nowadays many young men and women are working arduously at becoming "adequate parents." [1] With this conscious striving for adequacy and satisfaction as parents, school social workers should become staunch allies. In cultivating parental strengths, they enrich the soil for the child's emotional growth and optimum utilization of his school experience.

School social work is in a strategic position for work with parents of school children. Because the school is a socially accepted institution, it lends its prestige and authority to social work practiced within it. To come to school for help with a child's problems does not carry the stigma which still attaches to coming to a social agency or clinic. Moreover, there is strong motivation in most parents to have their children achieve in school and, therefore, a greater readiness to use services toward this end.

Furthermore, the social worker is part of the school—a setting in which the administrative policy recognizes the importance of the role of parents, their responsibilities and their rights. In this policy the school reflects within its own scope the same social principles and values which are accepted by our society.

The Midcentury White House Conference on Children and Youth in 1950 recognized fully the importance of the family and parents in our society.[2] It pointed out that the school carries substantial responsibility for a child during his school years and that with other agencies and institutions, it contributes significantly to the child's development.

While each institution is directed toward aiding the child in specific aspects of his

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[1] Therese Benedek, M.D., "The Meaning of Fatherhood," in A. M. Krich, ed., *Men* (New York: Dell Publishing Co., Inc., 1953), Ch. 7.

[2] James L. Hymes, Jr., *A Healthy Personality for Your Child* (Washington, D. C.: U. S. Children's Bureau, 1951).

life, aspects so important that they influence all the child is and does, it is *only* the *family* that carries total responsibility for the child's welfare until adulthood.

Out of these mighty parental responsibilities grow equally impressive parental rights. The school recognizes that parents have a right to know that their child presents a problem in school; to know that there are specific services within the school, one of which is school social work; to understand the primary objective of school social work; and to understand the means by which it can help a child who is in difficulty to use his school experience in a way that will be of maximum benefit to him. The school also recognizes that parents have a right to participate in any planning for their child and the social worker must guard against ignoring or excluding them.

In general, caseworkers find it relatively easy to be receptive to those parents who come to school, who show concern about their child's school problem, and who have some awareness that their own handling may have contributed to it, or are ready to look at this possibility. On the other hand, there are parents who show limited interest in the caseworker's efforts with their child and who do not want help for themselves in relation to the child's problem. Usually they know little about the service and are fearful and distrustful of the school and the social worker. They may not respond to an invitation to come in, or come in once and not return.

While we accept that parents are free to use or refuse casework service, I believe that the social worker, out of her conviction of the necessity of parental co-operation both in relationship to the child's current school problem and in preventing further breakdown in parent-child relationships, should reach out to the parents with patience, persistence, and flexibility in techniques. What Lane has referred to as an aggressive approach in preventive casework with children's problems in family agencies is pertinent to social work in the school setting.[3] In extreme cases in which there is neglect, cruelty, and indifference, the caseworker must interpret to the parents that their unwillingness to work with their problem makes it necessary for the school to refer the situation to a protective agency or court.

It is not school policy alone which is the basis for casework with parents. Our professional knowledge of the importance of parent-child relationships in the development of the child and in his current problems in school and our experience in casework with children make work with parents imperative. Direct work with children of school age rests on our experience that children over six are best helped to deal with their problems when they participate in modifying their own behavior. This is because their patterns of behavior are their own, part of their personality, not only reactive to outside influence. A child's school problems must be understood in terms of the school setting; his relationship to his parents and family setting; his age and stage of development and his earlier life experience. We have to evaluate not only the nature of the problem but the child's own strength and the strengths of his parents to help him. While casework treatment of a child alone may in some instances yield good results, ongoing treatment of children of six years to adolescence is usually most effective if directed to both parents and children. Until adolescence the child is emotionally and socially dependent on his parents. They are his primary source of security. The social worker's responsibility is to strengthen the security which parents and children need in each other. We have to help the child in ways that are in harmony with the standards and values of the parents, or are acceptable to them in some degree, lest we add to the child-parent conflict. At this

[3] Lionel C. Lane, "'Aggressive' Approach in Preventive Casework with Children's Problems," *Social Casework*, Vol. 32, No. 2 (February 1952), pp. 61–66.

stage in his development the child needs parental approval and support of his treatment. We know, too, that what happens to the child in treatment upsets the balance in the parent-child relationship and may complicate the problem for both until a new balance is achieved. These factors require the involvement of parents of elementary school children both in diagnosis and treatment. With some early school-age children in kindergarten and first and second grades, treatment of parents alone may be sufficient when the child's problem is predominantly reactive to parental attitudes and handling. In other cases it may be necessary to see the child periodically, and the parents with greater frequency.

In work with adolescents, too, there is need for involving parents in the diagnostic process. There are adolescents who do not want the caseworker to see the parents. If the caseworker has conviction, she will deal with this unwillingness in the adolescent. We cannot be helpful if we identify with the adolescent's defiance and rebellion. Actually, we can try to help him see that in the act of letting his parents know that he is seeking help, he takes one important step in emancipation.

In the school, as in social agencies and clinics, continued treatment of an adolescent without parental knowledge is not sound. Whether the parents of adolescents should have continued treatment must be determined on an individual basis. It is often an aid in easing the tension between the parents and the adolescent and in facilitating the adolescent's more effective use of school. Moreover, parents of adolescents may be very troubled. They deserve some support. On the other hand, when the parents of an adolescent do not wish or cannot use help, treatment of the adolescent alone can yield good results because of the adolescent's stage of development and his strivings for independence and self-identity.

If both her setting and her professional knowledge and skill place the school social worker in a unique position to work with parents, then what are the obstacles? Pressures of work are a reality and stresses in school social work are numerous. Many children are referred; one social worker serves large numbers of children, perhaps at different schools. Because they are accessible, because it is easy to have direct contact with them, because the child is usually unhappy about his school problem and wants to come, because of her full schedule of interviews with children, there is a tendency not to be as thoughtful as we should be in determining whether we need to work with parents.

There are other realistic difficulties in work with parents. Some parents—overtly rejecting, cruel, and neglectful—are hard to take. Aggressive and attacking to the worker and limited in their capacity to give to the child, they seem hopeless. Should the caseworker spend her time with them? Others—insecure, fearful, guilty, with a sense of failure—need much reaching out. This requires interest and time. Moreover, work with children and parents reawakens emotional conflicts that are derived from childhood relationships to our own parents. Some of these feelings may carry over into our work. A worker's own hostility may interfere with her positive feelings to parents. Her competitiveness may play a part in her trying to take the child from the parent or in her needing to be a better parent. She may tend to overidentify with the child against the parent. Self-scrutiny and an awareness of these feelings can permit some conscious control and make for greater objectivity in work with parents.

CASEWORK WITH PARENTS

When there is agreement by school personnel and the social worker that the child is to be accepted for direct service by the social worker, we are faced with the question as to who—the child or his parents—should be seen first, and when and to what

end to work with the parents. Such factors as the age of the child, the nature of his problem, the experience of the teacher in previous contacts with the parents, and the appraisal of parental feelings toward the school should be the basis on which we make our decision. These should be the real considerations, not the pressures of doing something with the child to relieve the teacher or our own overevaluation of work with the child and underevaluation and feeling of futility about the possibility of working with parents. Parents who in their previous contact with the teacher have not been responsive, and parents who too eagerly turned over the child to the school should have a second chance. In general, I believe the school social worker should have contact with the parent before interviewing the child. Her failure to do this, her taking on the child, may complicate her future relationships with the parent and may reinforce a tendency to by-pass parents. It may also involve the caseworker in treatment of the child with inadequate diagnostic understanding of the parent-child relationship and without knowledge of what support parents can provide.

Initial contact with parents begins with the caseworker's discussing frankly the child's school problems, the school's concern, and the reason for referral to the social worker. She must share with parents her awareness of their distress and offer them her help. It is important that she give them an opportunity to bring out their point of view about casework service and their use of it. The time and place of initial interviews should be planned in advance and the parents should be involved in this. There is value in asking them to come to the school. In coming they take the first step in involving themselves in working on the problem. Also the likelihood for more privacy is greater in the school setting. But if the parent cannot come, it is important that the social worker indicate her readiness to make a home visit. In offering this she is meeting the needs of parents who are not able to come because of realistic factors and reaching out to those who for emotional or cultural reasons may be resistant either to the school or to social work. A home visit, early in contact, is useful also to the worker's understanding of the emotional climate and physical setting in which the family lives.

Essential to work with parents is the establishment of a casework relationship that makes possible joint exploration by parent and worker of the child's school problems—one that will permit her to arrive at a diagnosis of the nature of a child's difficulties, the factors that are creating them, and the role of parental attitudes in the child's problems. In this exploration the social worker engages parents in considering with her their ideas about the child's school problem, its causes, their ways of handling it, their reaction to it. She encourages them to express their feelings to the child and to the school. She helps them share with her their understanding of their child, of critical events in his life. They are the best source of information about the child's development. She does not initially focus on getting a detailed developmental history, but in sensitively enabling the parents to move from the present problem to its development in the past and their handling of it, she can get history which is dynamically related to the present problem and which gives her better understanding of the child, the parents, their relationships, and the climate in which the family lives. She helps the parents understand why she is interested in knowing about the family, its problems and its strengths, and how these may relate to the child's problems in school.

The sympathetic nonjudgmental supportive attitude of the worker may permit some relief from anxiety and guilt and free them to deal with some of their negative feelings about the child's difficulty.

Parents are often enabled to understand the child and their own feelings better. Thus, the initial joint exploration has treatment value for them. Active participation in examining the problem can provide them with a pattern of what will be expected of them in treatment.

This joint exploration may take one or more interviews with one or both parents. On the basis of what the parents tell her, how they relate to her, what she knows about a child from the school and of her direct interview with the child, the worker can formulate a tentative diagnosis and evaluate who should be treated and the kind of help that the child and parents can use. This tentative diagnosis is not fixed. The diagnostic process is ongoing and the diagnosis may be changed as treatment progresses.

I have talked about involving parents in diagnosis, but all of us know we have usually involved the mother. This may be because mothers generally come to the school about their children's problems. Also we have a tendency to feel that a child's problem is probably due to disturbance in the mother-child relationship. This is not necessarily true. Our efforts should be to engage both parents in examination of this child's school problem. Whether they should be seen separately or together cannot be generalized.

However, it seems to me that there is a place for experimentation in seeing parents together and on the basis of this determining who needs to be seen further. Such a "joint-parent focused interview," as it has been named by Chapman and Meltzer, can provide an opportunity for observing the nature and quality of the relationship between the parents, the relationship of each to the child, and the ways in which these have contributed to the child's school problem.[4]

[4] A. H. Chapman and Donald Meltzer, "Observations of Parental Interactions in Child Guidance Methodology," *Psychiatry*, Vol. 17, No. 4 (November 1954).

The worker may gain some idea of the warmth and affection, hostility and indifference, or overprotection and domination in the parental relationship. She may be able to see the extent of agreement or disagreement between the parents about dealing with the child, how they handle their disagreement, and which parent is more involved in the child's problem. This helps her evaluate who should be treated.

TREATMENT

Treatment should be a mutually agreed-on process with both parents, or with the parent who is either predominantly involved in the child's school problem or who is reacting to it in such a way as to influence the problem.

The over-all goal of treatment of parents in the school is to modify parental relationships and behavior that interfere with the child's educational and emotional adjustment to school. However, this does not alter the fact that parents must be treated as individuals in their own right. They are not just adjuncts or collaterals from whom we get information or to whom we report back and we must not treat them as such.

The focus in treatment interviews is not on the child but on the parents' feelings in relation to the child's school problem and their disappointment, inadequacy, anger, and guilt; and on their attitudes, expectations, and behavior which contribute to the child's school problems. Gordon Hamilton has pointed out that "The caseworker is not able to treat successfully in the specific areas of the parents' handling of the child unless he understands the parents' character structure and ideals for themselves. The parent intuitively recognizes whether he is understood or whether he is regarded merely as environment for the child." [5]

[5] Gordon Hamilton, *Psychotherapy in Child Guidance* (New York: Columbia University Press, 1947).

For effective treatment, the worker must therefore be clear that her responsibility is to help parents with their attitudes and feelings toward the child, and not merely to treat them secondarily, for the welfare of the child. The caseworker must share with parents the areas in which they will work and together they must periodically appraise their progress.

In our consideration of specific treatment goals and techniques for school social work, the report on scope and methods for family casework is helpful.[6] It identifies two treatment goals: (1) treatment aimed at maintaining clients' adaptive patterns, and (2) treatment aimed at modification of adaptive patterns. I believe with Berkowitz that *all* casework treatment has one goal: namely, the modification of adaptive patterns, and that the difference from one case to another is a matter of degree and not of kind.[7] The degree of change which can be effected and the means of treatment must be based on the parents' own needs, capacities, and motivation.

Two major methods of treatment identified in the report on scope and methods are applicable to work with parents in the school: (1) treatment by ego-supportive techniques and (2) treatment by clarification of parental attitudes. While we may know that clarification of parental attitudes is the more effective means for modifying parental functioning in relation to the child's school problems, unless parents are ready to use this kind of help we cannot achieve it. This is frustrating but it should not obscure our recognition that there are many parents who can work with us toward more partial and modest change through ego-supportive techniques. As caseworkers we have seen many an immature, inadequate mother, depleted by serious social problems, with little reserves because of her own deprived childhood, gather new strength from a caseworker and become more secure in her role as a mother. As she discovers someone who accepts her, supports her efforts to meet her problems, and meets some of her emotional needs, she builds up a store of satisfactions which she gradually can share with her school child. As her fear of criticism diminishes, she accepts increasingly the guidance that the caseworker offers and is better able to learn new ways of handling her child without basic changes in her attitudes or greater awareness of her own role in the child's problem.

Through such ego-supportive treatment, we can help a parent to mobilize what strengths he has and to increase his capacity to deal with his problems as a parent. We help him to pull himself together and to use his energies in working with us to be better able to handle his child as the child progresses in his own treatment. We may offer suggestions, advice, and direction about dealing more constructively and realistically with the child and the school and encourage parents' positive response. We use our influence to support parents in seeking and utilizing other services to alleviate the many social problems which they bring to the school social worker. These problems very often weigh heavily on them. They may be their primary concern and secondarily affect their relationship with the child. However, they require treatment outside the scope of the worker.

For instance, economic problems, inadequate income, poor housing may be the parents' first concern. Until these pressures are reduced, they may be unable to work on their attitudes to the child's school problem. If they are concerned with physical or mental illness in the family, or immersed in disruptive marital conflicts or their individual personality problems, they may need help with these before they can

[6] Family Service Association of America, Committee on Methods and Scope, *Scope and Methods of the Family Service Agency* (New York: Family Service Association of America, 1953).

[7] Sidney Berkowitz, "Some Specific Techniques in Psychological Social Diagnosis and Treatment in Family Case Work," *Case Work Papers 1954* (New York: Family Service Association of America, 1955).

have sufficient energy to become interested in the child's school problem and their own role in it. In some instances, the school social worker must not only offer direct support to parents to enable them to use services to meet these problems but must actively intervene with social agencies on parents' behalf to support their treatment. Improvement of the social situation may in itself favorably influence the parent-child relationship. It may also make the parent more receptive to considering his attitudes to the child.

When another agency accepts a school family for treatment, it is important that the agency and school social worker clarify their individual responsibilities with parents and with each other. As long as there is a school problem the school social worker may have to work with the parent, but there needs to be careful joint planning so efforts are co-ordinated in the interests of parents and child.

The casework relationship in ego-supportive treatment is warm, accepting, and strengthening. It provides a parent with a new emotional experience through which he can gain a sense of his own worth. Through the support he gains there is a reduction of his tensions and an increase in self-confidence as a parent. The experience of handling problems constructively with the worker, the improvement in his social situation may enable him to handle better his relationship to the child. While this treatment does not aim to increase his own self-understanding, this may occur to some degree spontaneously.

Such supportive techniques are used predominantly in work with parents who are too weak and too threatened to engage in self-examination. These are parents who, because of neglect, deprivation, and frustration in their own early life which are not corrected by subsequent positive rewarding relationships, have too little ego strength to examine their own role in the parent-child relationship and to work toward modification of their attitudes and behavior as parents. Nevertheless, with the support of the social worker and the easing of their tensions, many are able to make small changes in their behavior toward the child which further the child's growth and support his treatment. Ego-supportive techniques are also useful as a preliminary step to further treatment through clarification of parental attitudes.

There are some parents who, in the beginning, have ability to sense and acknowledge their role in the parent-child relationship which contributes to the child's problem, and there are other parents who can be helped to move from their initial denial, projection, or displacement on to the child, the teacher, and other external factors to an examination of their own attitudes. Such parents can be enabled to increase their understanding of the child's problem and their own relationship to it; to gain awareness of some of their characteristic patterns of behavior to the child; and to see how these are operative in the child's school problem.

The predominant technique in this treatment is clarification, supported by reassurance and educational techniques. As parents discuss their feelings and behavior to the child, the worker helps them identify some selected damaging patterns of dealing with the child. As a pattern becomes clear to parents, we help them to examine its inappropriateness in their present situation and to clarify its relationship to their past life experiences. In this way, they can begin to differentiate between subjective and objective elements in their relationship to the child and to become more aware of the distortions that lead to disturbances in the way they handle their role as parents.

This type of treatment is appropriate with parents who have good ego strength and flexibility to engage in and constructively use the process of examination of some of their feelings and behavior to a child in order to modify them. The casework relationship which develops in this

process of working with parents' attitudes provides them with a corrective emotional experience. Through their relationship with the caseworker, parents may take over new attitudes, standards, and ideals which enable them to respond differently to the child. The worker may make some use of interpretation of the dynamic factors underlying parental attitudes as she gauges the parents' readiness for this and encourages them to experiment with more positive ways of dealing with their child. The quality of the parents' relationship to the worker and the new understanding which they gain through clarification leads to a greater capacity for more realistic response to the child and to change in parental attitudes and behavior.

We are, to be sure, faced with the problem of time. How often should parents be seen? The frequency will vary. They may not be seen as frequently as the child. For instance, when a child's behavior is disruptive in the classroom, the caseworker may see him frequently to relieve the teacher's tensions and the pressures on the child, while the parent is seen less often.

But if, diagnostically, it is clear that parental attitudes and behavior play a contributing part in the child's school problems, and if parents as well as children are our clients, we shall have to see them according to the needs of each case. It may well be that regular interviews, set in advance and agreed on, are indicated for some parents. This would require readjustment in the size of the worker's case load to make time and room for treatment of parents.

There is no rule of thumb as to whether the same worker can see both child and parent. But there is a danger that we fall into a stereotype—that one worker can never see child and parent or that, in the school setting, one worker must always see both. Cases in which the conflict between parent and child are very great or in which emotional separation is the chief aim may need separate workers. In school social work, because the focus is on the parent-child relationship, in general it is possible to have the same worker for both. This may place an extra burden on some workers. If the worker is basically accepting of parents, has positive feelings for them, appreciation of their difficulties, capacity for identification with parents and child, and is sensitive to the meaning to each of her relationship with both, there are advantages in the unifying aspect of one worker's treating parent and child toward a common goal. When ongoing treatment is necessary for parents of adolescents, casework with both by one worker is possible in some cases, but the nature of the conflict and the degree of disturbance in parent-child relationship may make work by separate workers more effective.

I fully appreciate the difficult challenge that confronts the school social worker in treatment of both parents and children. She should, therefore, have available adequate professional guidance through supervision and psychiatric consultation, similar to that which is available to caseworkers in other settings. Several years ago I had the occasion to make a plea against the tendency to oversupervision in social agencies because it contributed to the stresses of the worker.[8] Today I am concerned that the stresses in school social work are derived in part from insufficient supervision.

School social work holds promise of early identification of problems in the school child and of enlisting child and parent in treatment. Effective school social work calls for treatment of both child and parent which is based on psychosocial diagnosis, focused on the parent-child relationship in reference to the school problem, and supported by adequate supervision and psychiatric consultation. Such treatment can further growth in child and parent and can be a source of deep professional satisfaction.

[8] Esther Schour, "Helping Social Workers Handle Work Stresses," *Social Casework*, Vol. 34, No. 10 (December 1953), pp. 423–428.

SOCIAL WORK RESEARCH SECTION

BY ELEANOR GAY

Collecting Data by Case Recording

WE HAVE HAD some experience at the Boston Veterans Administration Mental Hygiene Service which indicates that there are a number of problems to be met in using casework records for descriptive social work research studies. As practicing caseworkers, we soon discovered, after attempting to set up research activity within the agency, that some of the difficulties mentioned in the literature immediately appeared.[1] The chief problem is difficulty in finding data which is either complete or relevant to the research study. The question arises: If our records are kept carefully and often very fully, why are they often a cause of much frustration when we undertake even simple research?

RECORDING FOR PRACTICE

To answer this question, it is first important to consider the varying purposes of recording which contribute to the length or form which the records take. The length may vary from a one-sentence notation, such as, "Mr. X telephoned and canceled his appointment" to a three- or four-page "processed" report of an intensive treatment interview with an emotionally disturbed client. Records serve to fulfill administrative requirements of accounting for the worker's activity, whether at intake, on continued treatment cases, in brief contacts, contacts with community agencies, and so on.

The requirement for a lengthy record stems out of the agency's interest in complete and intimately recorded details of the interview itself, with indications, not only of the general flow of the client's verbalization, but also the worker's comments in relation to this. Thus, some picture of the interaction between the two people in the interview becomes apparent. This has been named a "processed" record, because it shows at least the outlines of the casework process and the social worker's interviewing method.

Nonverbal clues are often part of the record, *e.g.*, the client "cried," "laughed," "remained silent." Also, the client's mood, and expression of feeling about himself,

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[1] Hilde Landenberger Hochwald, "The Use of Case Records in Research," *Social Casework*, Vol. 33, No. 2 (February 1952), pp. 71–76.

others in his family, and others in his immediate environment may be mentioned in considerable detail. This detail is useful in helping the worker to make an accurate diagnostic formulation, or to help discover the subtle pattern which may underlie the immediate verbalization. The review of such records, of course, helps the worker to understand the various stages of the treatment process with an accuracy that would not be possible if the interviewing content were recalled only vaguely or in generalizations about subjective impressions. Lengthy records are also useful for in-service training and teaching purposes, and to provide case examples for presentation at staff meetings.

Another factor that influences the content of the record concerns what one might call the "administrative potentialities" of the agency. For example, when there is no shortage of stenographers, longer records can be required than when there is a shortage of persons available to type them. Some agencies, including our own, have attempted to solve the problem of pressures by using summarized interviews, especially when the case is open for a number of months and even years, and much of the material may be a repetition from one week to another. We have usually required that the beginning interviews be recorded at considerable length, while the later interviews are briefer. Greater detail is provided at crucial points in the case. We have done some experiments in what might be called the "brief process" record, which shows some of the interaction and case movement. This differs from the usual straight factual summary, which often leaves out the interaction. Within these limits, each social worker writes according to his or her own particular style. That is, some workers include quotations from the patient; others summarize in the third person or provide generalized statements. Quoting occasionally from the patient helps retain some freshness in the report and avoids a flat-sounding, routine, and dryly factual account.

HEADACHES FOR THE RESEARCHER

There are immediate problems of using case records for descriptive research. Descriptive research requires the gathering of certain facts or items in a series of records in some orderly fashion. The research design usually requires the assembling of items in a series of cases, to indicate which factors are constant in the series, and how many vary from the average. The difficulty in using the records arises from the fact that they have been written to fulfill the practical casework purposes mentioned above, and not with any orderly set of research items in mind.

Even identifying data are not acquired in any simple and easy manner. One might expect the face sheet to provide most of them, but this routinized set of items does not always supply enough data for a given research study. For example, out of our casework orientation, we made a practice of not stating the race of the client, since it was not considered of major importance in studying the client "as a whole person," and in terms of underlying dynamics. At the same time, this meant the omission of an important cultural factor, as we learned when one of our workers became interested in studying the problems of a certain group with reference, among other things, to the cultural background. He found himself faced with the monumental task of trying to determine how many of this group were available within a certain time period, and he found that he could not use the face sheets, but would have to look back into hundreds of records to find his sample.

When one opens a case record and goes past the face sheet into the record itself, the omissions of items important to the research study become all too apparent. It is here that the variations in the worker's

individual style and methods of writing assume importance. The selection of what is considered significant to show understanding of the client becomes crucial. Often, there are occasions when something occurs in the interview which might be of particular interest to a future research study but which might be irrelevant to the record for current casework purposes. The difficult question arises as to how the social worker is to decide which things to include routinely with the thought that some day they might be useful to future research, and at the same time avoid having the record so crowded with items that the essential processed part is then lost in a maze of facts. The research worker might later encounter frustration because of the omission of "obvious facts," but the practicing caseworker might feel burdened or even resentful if asked to put in terms for research which appeared otherwise irrelevant.

A CASE IN POINT

A recent experience in our agency illustrates the conflict of interests between recording for research data and recording primarily for casework practice. We were attempting a modest survey called "Factors in the Evaluation of Assignment of Patients to Social Service." We sought to do this by obtaining descriptive material regarding the types of patients who came to intake and were assigned to social workers for treatment. The study did not attempt to evaluate methodology, but rather studied the types of patients and made note of the particular discipline to which they were assigned. Eighty-eight cases were selected as a sample over a time period of six months. A schedule was devised and arranged in two sections. The first section referred to descriptive items and identifying data, and included: military experience, source of referral to the mental hygiene clinic, reasons given by the patient for coming in, major presenting complaints, work status, environmental problems, history of treatment elsewhere, and collaterals seen. The second section referred to the disposition of the case from intake as, for example, (1) to immediate assignment to therapist, (2) to waiting list, (3) to continued intake. It also included, from intake notes, the psychiatrist's recommendation as to assignment to the particular discipline, and statement, if any, as to the type of treatment to be given, such as, "support," "psychotherapy," "casework," and so forth and any comment regarding the goal of treatment. "Attitude toward treatment" was noted: (1) as stated by the patient, (2) intake worker, (3) doctor, and (4) status of case at the end of six months.

The schedule was tried out on a few cases as a test run and, initially, it appeared fairly adequate. Gathering the items for Section 1 was a fairly easy task, since the face sheet yielded factual data, such as presenting symptoms, work status, and environmental problems. However, even here the results would have been better if the face sheet had been more inclusive, since some of the finer detail was absent. For example, in regard to service experience, it was often not indicated whether the patient had been in combat or noncombat areas. The usual practice of obtaining the geographic location and dates of service experience provided a rough estimate as to whether the patient had been in a combat area. Strictly speaking, this kind of information would have to be gone into in a precise fashion during the intake interview to provide the most suitable research data.

Section 2 provided the greatest difficulties. The recommendation for treatment usually took the form of a psychiatric summary written by the doctor, which included some of the items critically needed for the schedule, but never all of them. The doctor would often state that he recommended "psychotherapy either by the psychiatrist or by the social worker," and in these instances he meant casework therapy with the social worker. Often, he stated "psycho-

therapy—either discipline." Here, again, during an active busy day the intake doctor did not stop to pinpoint whether he wanted the therapist's method to be that of "support," "clarification," or the like. Regarding "attitude toward treatment," the record usually indicated it as the patient's attitude toward treatment, and very often the observation of either the intake worker or the doctor was not stated as such. For example, it was often stated "This patient seems upset, but has good motivation for coming to the clinic." The intake task at that point was to determine whether the patient had sufficient motivation. Once having recorded this, there would not have been any particular reason for the worker or doctor to elaborate. However, for the purposes of this study—which was to try to find out the reason why the assignment was made to a particular discipline in preference to some other—the records did not lend themselves to giving the answers. This is not to assume the persons doing the recording were evasive; rather we can assume that they had one purpose in mind, namely, initial evaluation of the patient. The research purpose had another requirement.

DIRECTIONS FOR A SOLUTION

It is hoped that there can be ways of resolving some of the problems of using existing records for research, and one of the first which comes to mind is what might be called "on-going research recording." This would require a research design and a structure which would facilitate recording in the current records as the case goes on, to show certain items previously agreed upon as important to the research project. Testing out the items in a preliminary run of cases may be tried so as to establish whether the data desired actually can be obtained and in the detail required to answer the questions raised in the study. Some questions might be included on the intake face sheet which could be covered during the initial interview. Similarly, some items might be included for the treatment interviews. If selected with care, these items might be interspersed casually with the usual questions at intake. There might be some difficulty in getting the items covered during the treatment interview, and two points of view occur in regard to this.

1. Introducing topics from a research interest might interfere with the normal flow of the treatment interview.

2. Another point of view holds that this could succeed if done skillfully. For example, if a client began to talk about a certain topic, the worker might ask him to elaborate a little more. If this is a subject needing finer detail, it would not require suddenly superimposing a series of questions which the patient would not see in relationship to his problem. It is quite possible that the caseworker would be able to record some of the important research data without having to question the client in any additional way. Very often, in selecting which things to record out of a long and very intricate interview, the caseworker might summarize some of the usual casework content and thus have space to include some of the factors of research interest which had been observed. Many caseworkers are very thoughtful about the clients they are seeing at the time of the interview and later on it may be that this thoughtfulness, if cultivated a little more than is usually done, might be the basis of a developing research interest. It also seems quite possible that if the casework relationship is sufficiently strong to help carry the patient through the various stresses involved in treatment, such a relationship may not actually be threatened too much by a few informational inquiries serving the purposes of research.

In conclusion, the resolution of the conflict of recording interests between casework and research might be brought about by means of careful preliminary planning and a trial run of cases, and by getting the full interest and co-operation of the caseworker who is doing the recording. This

might mean a change of attitude on the part of the caseworker, who could be helped to see that the thoughtfulness of a research interest is relevant to doing more effective casework. One might hope to foresee the day when some general agreement as to standard research items will bring about their inclusion—in some orderly way—in casework treatment records. It would also call for some adaptation of our interviewing methods both to meeting the research requirements, and preserving the effectiveness of treatment for the client. On the other hand, the research worker may have to learn to accept some frustration regarding occasional omissions from records, and design his studies so as to utilize data that can be comfortably and reasonably obtained. Perhaps one of the most important factors in solving the problem of collecting data from case records is to educate caseworkers regarding the growing possibilities for, and relevance of, research findings for practice.

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POINTS AND VIEWPOINTS

Cultural Barriers

THE ARTICLE BY John Martin in the July issue of SOCIAL WORK raised a number of issues which have long needed exploration. The entire question of the barriers to communication resulting from differences in cultural backgrounds is an important one affecting all the service professions. However, in developing hypotheses as a basis for more formal study I would like to suggest some points not included in Mr. Martin's article.

Mr. Martin points out considerable evidence of the difficulties in communication between the worker from a middle-class background and the delinquent child from a lower-income and deprived family. Study is also, however, needed of those difficulties in communication and, perhaps even more important, in long-term relationship that can develop between individuals who have come from a lower-income background and achieved a middle-class professional status and the aggressive delinquent child. Movement within a lifetime from one class position to another leaves a set of emotional feelings toward the values and behavior associated with each class position. For the professional worker in this situation work with the child who defies middle-class standards and values may stir up many personal emotions. One possible result is either an overly punitive attitude or an overly sympathetic attitude which excuses the individual from any personal responsibility for his situation.

Related to this issue is a broader one—the question as to the correlation between an easy initial relationship and long-term treatment effectiveness. We do not have conclusive evidence at this time that the worker who can establish communication most quickly is automatically the worker who achieves the greatest movement over a period of several months or even years. This is a matter which may well lend itself to specific research.

Another consideration is the relationship between understanding based upon personal life experience and understanding based upon education and professional practice. To say that many persons from a middle-class background now practicing in the social work profession do not understand the background of the individuals with whom they are working is not to exclude the possibility that modification in the content of our present teaching and closer attention to social and cultural factors in supervised practice could not overcome this difficulty. Since a close measure of identification on a number of different dimensions is never going to be possible in most situations, the task of developing sensitivity represents a major necessity. Experience from work with psychotics and from missionaries and social anthropologists would suggest that effective relationships can be developed by professionally competent persons in work with individuals whose framework of thinking may be greatly different from their own.

Mr. Martin suggested that racial, religious, and cultural differences should be considered the same as or of even greater importance than class differences in disrupting communication and relationships. I would suggest as a possible hypothesis for study that in contemporary United States exactly the opposite is true. Class position involves a network of attitudes and values touching on nearly every aspect of daily living. The similarity in these patterns across all cultural lines is greater than similarity between class positions within a

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single ethnic or cultural group. Though the Negro boy from a lower-income family would appear to face particular problems of discrimination, boys from all ethnic groups living in similar family and neighborhood situations have experiences of being treated as undesirable and not wanted, often on the basis of stereotypes about the street-corner hoodlum which are as widespread today as are racial stereotypes. On the other hand attitudes toward money, education, and the support of religious and civic institutions are often quite similar among those in a middle-class position within all of the various religious groupings and very different from the attitudes of lower-class individuals within the same religious tradition.

Though there have been a number of programs working with teen-age street-corner boys that have supported the idea of close cultural identification between the worker and the members of the group even to the point of urging that the worker be from the same neighborhood, this is not the entire picture. The Special Youth Program at Boston has just finished three years of work using trained social workers, both men and women, in street-corner situations. Only one of the seven full-time workers had any marked cultural identity with the group with which he worked on a racial, religious, or nationality basis. The records of this program and the testimony of the local community were evidence not only of the effectiveness of the work but the degree to which the workers were accepted, not only by the teen-agers but by the adults in the neighborhood.

It is important that we study all possible variations of a single hypothesis, particularly since it has been the pattern of social work in the past to develop practice based upon logical hypotheses without waiting for their validation.

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BOOK REVIEWS

BLACK BOURGEOISIE. By E. Franklin Frazier. Glencoe, Ill: The Free Press, 1957. 264 pp. $4.00.

RACE AND CULTURE CONTACTS IN THE MODERN WORLD. By E. Franklin Frazier. New York: Alfred A. Knopf, 1957. 338 pp. $6.00.

Black Bourgeoisie is a sociologist's view of the behavior, attitudes, and values of a new middle class in its real status and in its make-believe effort to compensate for the way it has cut its ties with the Negro masses and for the white contempt it suffers. The conflict, frustration, rootlessness bring about a group behavior that tries to find status in an isolation whose values are unrelated to reality. Money, conspicuous consumption, "society"—these seem to be the end of all striving. It is some comfort, if only a crumb, that Frazier is describing what is and how it came to be, not predicting that it will always be so. Social workers, who can get much understanding from the book, might remember that Frazier avoids the role of seer.

It is a dark picture that Frazier draws with calm certainty and in a matter-of-fact tone. As to bitterness, the reader must supply it if he demands it; the author refuses to peddle such wares. The clear emphasis is that emotion does no good, only conviction built on facts can help. The book has many facets but surely one of them is a reticent but inexorable indictment of segregated education, the main particular being the fact that (with conspicuous exceptions) segregated education does not educate. Indeed, it seems only to support the kind of environment that reaches its fullest expression in the Negro Greek letter fraternities. It tends to turn out, as Georges Friedmann said, "Colored Babbitts."

It is an unhappy and ungrateful task to note one statement: Although many "educated Negroes have found employment in the field of social work . . . [in this field, as in teaching] the Negro intellectual has not been able to engage in independent thinking." (There are many exceptions to this gratuitous charge.) He says social welfare among Negroes "has been supported by white philanthropists and Negro workers in social welfare agencies have [mostly] supported . . . the ideas of their white benefactors" on racial and economic questions. No mention here of integrated welfare agencies, of public welfare, of social work tenets. Nor do these matters appear in the subject index, which is a dim reflection of the volume's material.

Frazier's view is dark. His final word is that "When Negroes attain middle class status their lives generally lose both content and significance." Granting all that Frazier has said, one reader still believes that when the Negro is only beginning to get the rights that are civilly his, the future is better pointed by the exceptions than by the present rule. There are, after all, Negroes who are aristocrats in the true meaning of the term, which has nothing to do with the genteel or the snobbish. They are gentlemen and gentlewomen in their cultural appreciation, intellectual achievement, and civic responsibility. Is it impossible that in time they will come to be the models to emulate?

Race and Culture Contacts in the Modern World is a survey of race relations over the world, relations that become a problem only when the white peoples attempt to dominate the colored. The economic relationship in trouble spots might be summed up in the phrase "white capital and colored labor," with restraints, legal or otherwise, that discourage colored competition. Asia has mostly been spared this problem, ex-

cept for the colonialism of the past; but in South Africa and the United States it is in today's news. (Frazier rightly points out, however, that in the United States social and political forces are breaking down the barriers, while in South Africa similar means are used to block competition.)

The effect of race problems on political organization is crucial, since it touches on most of the urgent problems. The two great powers today seek the support of the rest of the world and most of those peoples are colored. Beyond this there are colored people who have tasted self-determination and see their way clear to realize it.

Frazier believes that contacts between white and colored peoples slowly bring about new societies and new cultures, each in a different way on the three racial frontiers of the world—Asia, the United States, and South Africa. Few readers are unaware of the importance of racial contacts to the question of world survival or world disaster; but this book assumes that there will be a civilized future. Frazier believes that the cultural groups of the world will continue to find their needed solidarity and personal identity in a national or racial tradition, but that racial frontiers will be the areas "in which new cultures will ever be born and new peoples will continue the evolution of mankind."

It is a provocative and helpful book.

LOUIS TOWLEY

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ROLE RELATIONS IN THE MENTAL HEALTH PROFESSIONS. By Alvin Zander, Arthur S. Cohen, Ezra Stotland. Ann Arbor: Research Center for Group Dynamics, Institute for Social Research, University of Michigan, 1957. 211 pp. $4.50.

The social services have been enriched immensely in the last decade by the increased interest in integrating the knowledge and insights of the social sciences into the theory and practice of social work. The efforts of professionals of different disciplines to work together have added depth and quality to the services rendered as well as new problems in working relationships. Practitioners in health and welfare agencies as well as research workers will therefore be particularly interested in this intensive study of the nature of feelings and difficulties experienced by a cross-disciplinary group in the mental health professions—psychiatrists, psychologists, and psychiatric social workers, who form the proverbial team.

Through individual interviews with 156 psychiatrists, 165 clinical psychologists, and 159 psychiatric social workers the authors draw conclusions about the attitudes of each of the groups to the others. Efforts are also made to determine how the individual worker's perception of his status and prestige in his own group affects his attitudes toward the other professions. On the average the psychiatric social workers appear to accept their roles as ancillary to the psychiatrists and equal to the psychologists, and are comfortable with both groups. The psychologists are more comfortable with the social workers than with the generally acknowledged leaders and most secure members of the team, the psychiatrists; for the psychologists desire to extend their functions into areas the psychiatrists consider their own domain.

This provocative analysis of role and interrole relations is a useful contribution to the expanding scientific literature of group relations. Its usefulness is somewhat limited by the rather heavy academic style of presentation. There also appears to be lack of adequate recognition of the dynamics of individual psychology, and an assumption of the relatively static nature of the roles of each of the members of the team which is not in accord with considerable experience which points to changing situations making for different roles which members of the team assume.

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50 YEARS OF SOCIAL WORK IN THE MEDICAL SETTING, PAST SIGNIFICANCE/FUTURE OUTLOOK. By Harriett M. Bartlett. New York: National Association of Social Workers, 1957. 46 pp., 75 cents.

Miss Bartlett's paper is addressed mainly, but not exclusively, to social workers in the medical setting, and is primarily concerned with the attainment of professional stature. It stresses heavily the identification of medical with other forms of social work and emphasizes their interests in common. Medical social workers "must operate with constant awareness of social work as a whole, its long-range goals, its total content, its alternative channels of service, and its distinctive contribution to society." Correlatively, the medical setting has proved a fertile field in which to cultivate the practice of social work. Sick people have obvious, though not always clearly understood, needs, and illness often roots back into conditions, mental and physical, which are social in origin and demonstrably susceptible of modification through social means.

It is posited that a "common social area" exists for all the helping professions and that they must include within their practice, and teach their students: (1) some bodies of knowledge and some concepts about human beings as they respond to their physical and social environment; (2) some skills in interviewing, consultation, and in multidiscipline teamwork; and (3) some "concern for the individual's viewpoint and feelings" and a "sense of responsibility to society."

While Miss Bartlett holds that all "social work rests on a growing but still too nebulous concept of its essential nature," and is still struggling to articulate its aims and to bound its province, she presents the hypothesis that it "is a configuration of elements none of which is unique but which, in combination, represent a contribution quite distinct from that rendered by any other profession." A list of sixteen items of what social workers are concerned

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with and how they go about their work ends with "Social work is through its nature an integrating service in society, between individuals, groups, and agencies."

The author acknowledges that the first fifty years have not brought forth a definition, with some explanation of why there is still groping for this essential element. This is followed by two excellent sections: one setting forth some new directions for "exploring" that contribution and the other on method and focus. The latter is located "at the point where psychosocial factors interact with the characteristic human need (such as illness) and the characteristic social institution (such as the health program or agency). Diagnosis of this interaction is a major responsibility and contribution of social work."

No claim is made for professional status for social work in the medical setting as it now exists. The coveted recognition will come when it is merited through hard intellectual work and clearly demonstrated performance. Miss Bartlett closes her paper with the imperative: "The question must be answered: How is social work needed in the medical setting, and is it giving responsible, effective service? By confidently taking hold of the opportunities that now exist and by disciplined analysis of well-selected areas of practice, it should be possible in the coming decades to establish the distinctive service of social work at a true professional level within the medical setting."

One would like to think that this paper will have the close study among social workers generally that it deserves and that all medical social workers and especially the future Dr. Richard Cabots, will pay it heed. One would also like to see thinking of this caliber conveyed in language readily understood not only by social workers but also by persons in other professions and callings. To be an integrating force implies the use of an integrating language.

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THE CASEWORK RELATIONSHIP. By Felix P. Biestek, S.J. Chicago: Loyola University Press, 1957. 149 pp. $3.00.

The explicit purpose of this book, "to explain, define and analyze the casework relationship as a whole and in its parts," is testimony to the author's recognition of the central importance of relationship in the casework process. It is also evidence of his belief that the casework relationship is accessible to analysis and that such an examination may enrich, rather than detract from, the "intuitive" approach to the casework process.

The Reverend Felix Biestek starts his analysis with a discussion of the essence of the casework relationship. This is followed by individual chapters devoted to an examination of each of the basic principles of the casework relationship as these are identified by the author. These principles are: individualization, purposeful expression of feelings, controlled emotional involvement, acceptance, the nonjudgmental attitude, client self-determination, and confidentiality.

Father Biestek's purpose merits respectful appreciation. Certainly, a creative and systematic study of the casework relationship has been much needed. It is, however, a very difficult assignment. In this instance, while the author succeeds in illuminating and clarifying certain aspects, the over-all execution does not come up to the demands of the task he has set for himself.

The book is somewhat disappointing because it lacks both a clarity of focus and the quality of a penetrating analysis. At least several of the principles discussed by the author would be equally relevant to a more general treatment of casework, or even of social work as a whole. In addition, a number of the most difficult issues are dealt with either in a surface manner or are resolved by dictum. Also, the presentation would have gained in depth if Father Biestek had drawn more heavily upon relevant conceptual material from various of the social sciences (*e.g.*, the use of the concept of role, the analysis of the worker-client dyad as a particular type of group relationship, or the like).

The treatment of much of the content is nonsectarian in character and equally appropriate for social workers with varied belief systems. At the same time, though, it must be noted that certain of the author's religious and philosophical premises (*e.g.*, the dichotomizing of man into rational and animal components; the argument, based on the assumption of natural moral law, that a client does not have the right to make a morally wrong decision, and so on) are likely to be professionally unacceptable to many social workers.

The Casework Relationship may be helpful, if used selectively, in some courses at the senior or first-year graduate level. It is not likely to be equally useful for the professionally trained practitioner or the second-year graduate student.

HERBERT BISNO
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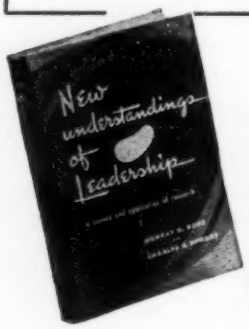

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ESSENTIALS OF SOCIAL GROUP WORK SKILL. By Helen U. Phillips. New York: Association Press, 1957. 180 pp. $3.50.

This lucid and relatively brief exposition by Miss Phillips of the "functional" approach to the understanding of the skill of the social group worker as a specialized skill in the family of social work skills should be a most useful and interesting addition to the library of any practicing, student or teaching group worker. From her long experience in teaching at the University of Pennsylvania School of Social Work, the cradle of the teaching of functional social work practice, and from her personal and professional experience and conviction regarding the validity of the particular approach with which she is identified, she frankly and successfully has created, without trying to cover the waterfront or carrying her arguments and analyses to their absolute ultimate ramifications, a basic text presenting a point of view of the group work method with which many of us are not formally familiar through training, but with many aspects of which many more than probably suspect seem to be in sympathy and harmony in actual practice.

In the first part of the book Miss Phillips has used the historical development and purposes of the settlement movement as an example of the development and purpose of professional group work practice in relation to the functions of a particular type of agency. Any type of agency might have been described, but the choice was deliberate and fortunate in presenting that which is perhaps most neutral ground, diversified, pioneering, and general in its use of professional group work skills. This is a necessary background to the second part in which four most significant (but not all-inclusive) aspects of the skill of a group worker are expounded with great skill. These are "skill in the use of the agency function," "skill in the communication of feeling," "skill in using the reality of the present," and "skill in stimulating and using group relations." Well-chosen recorded examples have a familiar and useful ring to those facing the problems of a functioning agency daily, and, along with such perhaps obvious, but well-placed principles as "The definitive quality of agency function provides supporting limits both to the worker and the group members if they are helped by the worker to comprehend and use them rather than to be confined by them," give a certain welcome down-to-earth quality to the book.

Altogether, this $3.50, eight-hour investment in exploration of the use of social group work skill in working with groups in a manner defined in relation to the agency's function for the responsible growth of the individual asking for service in a group will be most worth the reader's while.

JOHN H. RAMEY
Hyde Park Neighborhood Club
Chicago, Illinois

THE USE OF GROUP METHODS IN SOCIAL WELFARE SETTINGS. (Report of a workshop sponsored by the Mental Health Services of the Louisiana State Department of Hospitals and the Tulane School of Social Work.) New Orleans: School of Social Work, Tulane University, August 1957. 79 pp. (Mimeographed.)

Social work practitioners, teachers, and students will profit from study of the carefully developed theory and applications explored in this workshop. The uses of group process in administrative services, in children's services, and in medical and psychiatric services form the frame of reference for application of theory.

Two foci characterize the theory presentations. From individual personality theory and from social science theory are drawn propositions concerning the meaning to the individual of participation in group life, knowledge about group process and stages in group development, and the dynamic elements of content in group experience.

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that practice, are drawn propositions dealing with the role of the social group worker in helping individuals within the group situation, in making purposeful use of the group processes and stages in group movement, and in using the content of the group experience for individual and group growth and development.

Careful study of this workshop report offers some excellent leads to schools of social work in the task of selecting the pertinent social science knowledge about group process as basic curriculum content essential for all social work students. There are also implications for the developing theory of method of work with groups, and for criteria for competence in the use of group process. Inferences can be drawn for knowledge and competence necessary for social caseworkers as well as for social group workers. The report contributes in a valid and helpful way to the extension of thinking and exploration so essential in this area of professional concern.

There is a well-selected and readily usable bibliography of general readings and of readings related to the three types of services which are selected for application.

MARY LOUISE SOMERS
Western Reserve University
School of Applied Social Sciences
Cleveland, Ohio

THE AMERICAN TEENAGER. By H. H. Remmers and D. H. Radler. New York: The Bobbs-Merrill Company, Inc., 1957. 267 pp. $3.75.

The American Teenager reports the findings of a fifteen-year inquiry into the opinions and attitudes of high school students throughout the United States. Conducted under the guidance of Dr. H. H. Remmers, director of Purdue University's Division of Educational Reference, his opinion poll was developed from his conviction that such a study would be helpful in the evaluation of education, in the planning of government and industry, and in fostering better human relations.

In writing this most readable book, Dr. Remmers collaborated with D. H. Radler, a journalist who specializes in popular writing about research projects. Fortunately, the book includes charts covering the data on which the interpretive narrative rests and the reader is enabled to avoid the impression that an opinion held by a scant 50 percent of the respondees is the voice of all American youth.

For those social workers who work with adolescents regularly, either individually or in groups, there will be few attitudes and opinions, particularly concerning major problems and relationships, that will be new. It will be shocking, however, to find a statistically significant number of American youth who say they are willing to abrogate various freedoms guaranteed by our Bill of Rights.

Group workers whose major responsibility is programing for teenagers in settlements, centers, and national agencies will find this a very useful book. The social group worker and caseworker whose primary function is to help the individual will probably feel acquaintance with a "statistical teenager" less meaningful, except as a backdrop against which he sees his own client.

If such an opinion poll could be repeated each decade or two, it would be a valuable tool to help us ascertain those attitudes and opinions which are basic to adolescence and those which are conditioned by the pressures of the particular time in which the teenager finds himself.

MARGARET H. MUDGETT
Neighborhood Youth Association
Los Angeles, California

NOTE TO READERS

Reprints of articles in SOCIAL WORK are available in quantity to readers who wish to use them for distribution within their agencies or for teaching purposes. Orders should be placed as soon after publication as possible. Price lists are available on request to the managing editor.

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NATHAN SLOATE,
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DECISIONS ABOUT PEOPLE IN NEED. By Alan Keith-Lucas. Chapel Hill: The University of North Carolina Press, 1957. 318 pp. $6.00.

This is a thought-provoking book calling much-needed attention to the variety of influences in public assistance decision-making with the resultant impact upon the "rights, welfare and day-to-day existence" of thousands of needy people. Empirically narrowing his study to the Aid to Dependent Children program, Alan Keith-Lucas draws upon actual practice and professional literature to analyze the forces to which decision-makers are or should be responsive and suggests future considerations for improved "administrative responsiveness."

The author points to the confusion in an accepted purpose in public assistance found not only among policy makers but within the profession of social work itself; for example, is determining the right to an assistance check a tool in treatment? He also cites a small proportion of individuals in public welfare who are social workers and the tremendous influence of many types of "lay people" affecting the lives of clients—all purporting to show that decisions, while affected by the "will of the people," the "truths of science," the "moral order," and "personality needs" are unfortunately not tied to any regular set of values or principles. These factors are clearly and carefully examined and merit consideration by social work practitioners and educators and by public welfare administrators.

Writing in 1954–55, the author expressed fear that legislative bodies might move in a "paternalistic" direction. Congress, in fact, did just this in the 1956 amendments to the Social Security Act when it gave emphasis to social rehabilitation rather than income maintenance in statement of purpose. Though this was hailed by many

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as an achievement, it does not resolve the dilemma in decision-making. Despite the action in the federal act, and perhaps because of it, real merit is found in the author's concluding suggestions that public welfare administrators and staff must be both social worker and something else; that the social work profession should move to a clear relation to public assistance which embodies legal and political rights of recipients; and that moral principles need reaffirmation if people in need are not to be denied their rights as citizens and as human beings.

It is difficult to do justice to such a book in a few words. Read it. The challenge is to all who are in any way related to decision-making in public assistance.

CATHERINE M. DUNN
State Welfare Department
Hartford, Connecticut

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THE ELEMENTARY SCHOOL CHILD—A BOOK OF CASES. By Cecil V. Millard and John W. M. Rothney. New York: The Dryden Press, 1957. 660 pp. $4.90.

The teacher of child development or child psychology will welcome this book as a supplementary text providing an excellent sampling of case material presented in a unique and comprehensive manner. The authors have realized their purpose of providing cases in such a way that the reader is able to discern and follow the longitudinal analysis of the individual child's growth and development.

The case method of gathering data, which will develop insight into behavior, motivation, and developmental interrelations, is used in its total context of the individual child's experience and with many peer comparisons. Each child is presented as a "functionally related whole"—"complex organisms passing through developmental periods and responding at all times in an over-all pattern to an array of inner and outer forces."

A similar format is used in each case presentation making possible easy comparisons within the group at any given grade level. A synoptic line or two and a developmental graph introduce the child as seen against the average of all children in his sex group. A preview pictures him as he enters school. Background and development through the school experience are sketched and accompanied by a series of developmental analysis graphs, achievement records, and school marks at the various grade levels. Clients showing mental characteristics and mental test results, and in some case parallel listings of the change ranges shown in the child's development, are included. Observation notes are made at each grade level followed by teachers' summaries. A postscript, written at the termination of the high school years, rounds out the picture of each child. A list of discussion problems follows each case.

Many devices, such as the synoptic table of contents and the numbered paragraphs, make this book especially usable. It is recommended that the first two and the final chapter should be read before turning to the case discussions. While basically this book does not set out to draw conclusions, it does summarize what the cases make increasingly apparent. The elementary school (kindergarten through sixth grade) covers three or four cycles of the child's total development. During this time an increase in the rate of growth may be expected and will be present even in the face of declining status.

For the school social worker this book merits a limited perusal. The interrelation of the test results, the teacher's summaries, and the child's social experience are evident. However, the occasional contradictory sets of criteria, as in the case of Nina, offer a wholesome deterrent to any unquestioning inclination to accept the testing of the moment as the indicator of the ultimate growth potential. The observation notations included mere skeletons of interviews and the skills of the workers in interaction with the child were only implied. A social worker would find the absence of case dynamics disappointing. The cases presented leave the social worker, whose experience is that of team functioning with the psychologist, wishing for indications of other helpful participation from the school nurse, social agencies, and child guidance clinic. Hopefully, the student in using the book may be led to speculate on the "why" of the behavior, the needs it indicates, and the resources and skills within the educational program or elsewhere—this to assure a broader therapeutic approach to the child's total need.

This reviewer sees this book as a valuable text primarily as it emphasizes the psychological aspects of child growth and development as seen in case histories.

HELEN E. WESTON
School Social Work Service
Rochester Public Schools
Rochester, New York

LETTERS

AN OMISSION

We were pleased to see the paper by Dr. Millet in the October issue of SOCIAL WORK. The issue contains an interesting collection of articles on rehabilitation, which is certainly a subject of importance to social work at the present time.

We wish to point out that the Institute on Rehabilitation at Bryn Mawr College, at which Dr. Millet's paper was originally presented, was financed by the Office of Vocational Rehabilitation of the Department of Health, Education and Welfare. Will you call this fact to the attention of your readers?

MURIEL J. GAYFORD
Graduate Department of Social Economy
Bryn Mawr College
Bryn Mawr, Pennsylvania

REHABILITATION ARTICLES

The articles on rehabilitation were timely and of great interest to those of us actively involved in interdisciplinary settings helping the physically disabled. One aspect of rehabilitation, however, was not included, *i.e.*, the attitude of the community, outside the social agency, to the disabled individual. Even at a time of high employment, as we have now, the vocational counselors have performed a yeoman's job in their effort to place a blind person in industry. Such a worker might already have utilized the maximum in help from casework, group work, and vocational counseling. He might have used his utmost capacity in learning how to live with his disability, in reorienting his social activities, and in retraining for realistically suitable work. Yet he comes upon a wall of stereotyped attitudes outside the agency against which he feels justifiably helpless. His potential employer is fearful about accident-proneness, even though there is no evidence to support such fears. There is everywhere awkwardness and unexpressed concern about how to act toward the disabled person. Physical assistance is often offered where it is not needed. The visually disabled person is often talked to in a loud voice, when his hearing is not impaired. There is usually the unspoken question whether the disabled person is lacking in normal functioning of his mental faculties.

There is great need for the workers in the field of rehabilitation to work in unison toward acquainting the public with the facts as we know them, and to allay some of the common fears about physical disability. Our job cannot remain the accumulation of greater technical knowledge and skill for work with the individual who is disabled, but to transmit this effectively outside the walls of the hospital and agency.

FRANCES DOVER
New York Guild for the Jewish Blind
New York, N. Y.

BLURRING OF ROLE

"The School Social Worker and Problems of School Attendance" by Dr. Altmeyer in SOCIAL WORK, October 1957, poses, in its preliminary discussion, an interesting example of the blurring of role that some settings impose upon the social worker and thus vitiate his claim to professional status.

The author of the paper first acknowledges the widespread reluctance of school social workers to do the "legwork" involved in attendance work. He then proceeds to ascribe it to problems some social workers have in avoiding an authoritative demeanor in that situation, and offers the insight that some workers may feel forced to assume a therapeutically inappropriate role because of their own unconscious problems.

What Dr. Altmeyer appears to have overlooked in his discussion is that these "reluctant" school social workers are responding to a keen sense of what is appropriate professionally. Their role is *not* one

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of law enforcement or administrative investigation, regardless of how simply or conveniently they may couple an administrative check with their visit. The moment a social worker dons two hats to oblige the school authorities with a "practical package" of attendance-checking-plus-casework, he has diluted his professional role vis-à-vis the client and the community. ("Intrusive casework" is not at issue here. Casework skills may be useful in a variety of circumstances, but they cannot be responsibly practiced apart from a full assumption of the professional role. When an attorney becomes a sheriff, he is no longer accountable before the bar as an attorney. When a physician becomes a draft board member, he cannot be considered a practicing physician *in relation to the draftees,* although his official position may afford much scope for his special abilities.

The fact that the traditional picture of the truant officer may partake of the pathetic is irrelevant. The truant officer, like the bailiff, was properly appointed a long time ago as an arm of the community's law enforcement program. While court social workers have been relatively successful in clarifying their role on the staff of a court, the unhappy fact remains that the "division of labor" in other settings has gradually led social workers to assume some routine and other administrative powers which properly should have been delegated to law enforcement or investigative personnel.

Thus it must be pointed out that the "reluctance" on the part of school social workers to step into the shoes of truant officers is not simply an "emotional" reaction to a stereotype. The reluctance of the school social worker is based upon a basic tenet of the professional idea of service whose roots may be discerned in the histories of the other great professions.

ISAIAH M. ZIMMERMAN

Washington, D. C.